

**INVENTORY OF STATE EMPLOYMENT-RELATED PROGRAMS
AND SERVICES FOR PEOPLE WITH DISABILITIES**

Following is information on State administered programs that directly or indirectly support the employment of people with disabilities.

The format of the Information Pages was developed by an interagency workgroup comprised of representation from the partnering departments mandated by AB 925 and other State departments that provide services that support an individual with disabilities to seek, obtain, or retain employment.

Information is arranged with the mandated partners first and peripheral departments following.

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: California Workforce Investment Board</p> <p>Address: 777 12 Street, Suite 200 Sacramento, CA 95814</p>	<p>2. Contact Name: Margaret Mack</p> <p>Title: Project Lead</p> <p>Phone: 916-324-3258</p> <p>E-Mail: mmack@cwib.ca.gov</p>		
<p>3. Program/Project Name:</p> <p><u>Improve Transition Outcomes for Youth with Disabilities</u></p> <p style="text-align: center; font-size: small;">Type Program/Project Name Here</p> <p><input type="checkbox"/> State Program</p> <p><input checked="" type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation:</p> <hr/> <p><input type="checkbox"/> Federal <input type="checkbox"/> State</p> <p><input checked="" type="checkbox"/> N/A</p>		
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed</p> <p style="font-size: small;">(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><i>The purpose of the grant is to work with federal, State and community organizations to help youth with disabilities make successful transitions to the workforce and to independent living.</i></p> <p><input checked="" type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <p><i>This project requires grantees to conduct resource mapping efforts; develop, implement and evaluate a cross-agency multi-year state plan; and conduct local pilot demonstrations to improve transition.</i></p> <hr/> <p><input type="checkbox"/> Other (Please explain.)</p> <hr/> <hr/>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification</p> <p style="font-size: x-small;">(Explain certification below)</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p style="font-size: x-small;">(Use additional lines, as necessary.)</p> </td> <td style="vertical-align: top; width: 50%;"> <p>Supportive</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> </td> </tr> </table>	<p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. 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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Transition Grant to Improve Outcomes for Youth with Disabilities</u> Funding Name <u>USDOL/ODEP</u> Name of Federal, State, or Private Fund Source	8.	Funding Amount: <u>\$ 500,000 in initial year with potential funding for up to four additional years based on successful performance.</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>09/30/03 through 09/30/04 Yr. 1</u> <u>09/30/04 through 09/29/05 Yr. 2</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes, <u>Future funding is based upon successful implementation of prior year's funds.</u> For how long? <u>Three additional years, depending on the availability of funding.</u> <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) 1. Funds are allocated to 3 demonstration sites to provide direct services to eligible youth with disabilities. <ul style="list-style-type: none"> • Jewish Vocational and career Counseling Services Transition in San Francisco. • Ventura County Workforce Investment Board. • Shasta County Futures Project 2. Sonoma State for assisting with resource mapping efforts; conducting an evaluation of the demonstration projects; and to maintain the ITOP website which can be accessed at www.improvingyouthtransitions.org 3. New Ways to Work to provide technical assistance to the demonstration sites to help them connect with local intermediaries.	12.	Population Served: <input checked="" type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Youth with disabilities who are either in school, exiting high school, or out of school and are between the ages of 16 and 24 years.</u> _____ _____ _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>San Francisco, Thousand Oaks, Ventura, Oxnard, Camarillo, Simi Valley, Moorpark, and Santa Clara Valley, and Redding</u>
15.		15.	# Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. <u>120</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Established Improving Transition Outcomes for Youth With Disabilities Advisory Committee to plan and coordinate the services and resources available to youth with disabilities. The committee is comprised of key organizations with expertise in delivering services such as CA State Dept. of Rehabilitation, Youth Authority, Pride Industries, Independent Living Centers, CA Dept. of Education, Governor's Committee on Employment of People with Disabilities, California Workforce Association, CA Youth Connection, and the City and County of San Francisco Dept. of Human Services.		

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17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) As a result of the grant activities, there has been more collaboration with State and local partners serving youth with disabilities. Specifically there has been more focus on youth offenders and foster youth having disabilities as a result of this grant.
18.	Form Completed By: <u>Margaret Mack</u> Date: <u>09/13/04</u> <i><u>Revised and received by e-mail</u></i> <i><u>on 6/13/05</u></i>

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2004-05

1.	Organization Name: Employment Development Department Workforce Development Branch Address: 750 Capital Mall Room 1100 Sacramento, CA 95814	2.	Contact Name: Robyn Peguero Title: AGPA Phone: 916 654-0205 E-Mail: rpeguero@edd.ca.gov
3.	Program/Project Name: <u>Work Incentive Grant III</u> <small>Type Program/Project Name Here</small> <input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <hr/> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> N/A
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> <input type="checkbox"/> Other (Please explain.) <u>Training - Staff Capacity building for One-Stop Career Centers and private and public human resource training. Also, financial and technical assistance to One-Stop Career Centers to become Employment Networks under the Ticket to Work Program.</u>	6.	Services Provided: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small> <hr/> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small> </div> <div style="width: 48%;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input checked="" type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement </div> </div>

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private Work Incentive Grant III <small>Funding Name</small> <u>U. S. Department of Labor</u> <small>Name of Federal, State, or Private Fund Source</small>	8.	Funding Amount: \$ <u>500,000.00</u>
9.	Duration of Funds: <u>July 1, 2003 through June 30, 2005</u>	10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? <input checked="" type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) See item 16	12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input checked="" type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: _____ _____ _____ <input checked="" type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. _____ <input checked="" type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Three Local Workforce Investment Areas received modifications to their master subgrants to participate in the Advanced Navigator Training Pilot: North Rural Training and Employment Consortium - \$82,800, City of Los Angeles Workforce Investment Board - \$41,400, and Sacramento Employment and Training Agency - \$41,400.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) 		
18.	Form Completed By: <u>Robyn Peguero</u> Date: <u>12/01/04</u>		

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2004-05

1.	Organization Name: Employment Development Department Address: Job Service Division 750 N Street Sacramento, CA 95814	2.	Contact Name: Gil Barkley Title: Program Manager Phone: 916-654-9309 E-Mail: Gbarkley@edd.ca.gov
3.	Program/Project Name: <u>Jobs for All</u> Type Program/Project Name Here <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Federal <input type="checkbox"/> State </div> <input checked="" type="checkbox"/> N/A
5.	Primary Focus of Program/Project: <input checked="" type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.) <input type="checkbox"/> Research; Planning; Coordination, etc. <input type="checkbox"/> Other (Please explain.) <hr/> <hr/> <hr/>	6.	Services Provided: <div style="display: flex;"> <div style="flex: 1;"> Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Indiv. Emplmt. Plan <input checked="" type="checkbox"/> Case Mgmt. Svcs. <input checked="" type="checkbox"/> Resume Writing <input checked="" type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input checked="" type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input checked="" type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below) <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.) </div> <div style="flex: 1;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> </div>

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Wagner-Peyser 90 Percent Funds</u> <small>Funding Name</small> <small>Name of Federal, State, or Private Fund Source</small>	8.	Funding Amount: \$ _____
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/04 through 06/30/05</u>	10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? _____ <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) N/A	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: Must be job ready with one or more disabilities that create barriers to employment. <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide-various locations, primarily metropolitan areas.</u>
		15.	# Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. _____ <input checked="" type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) DOR: Client referral to Jobs for All (JFA) program; supportive services and training for JFA clients; and training for JFA staff in working with people with disabilities.		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.)		
18.	Form Completed By: Gil Barkley Date: Aug. 04		

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<p>1. Organization Name: Employment Development Department</p> <p>Address: 800 Capitol Mall, MIC 21 Sacramento, CA 95814</p>	<p>2. Contact Name: Brett Lapp Title: Program Manager Phone: 916-653-3560 E-Mail: blapp@edd.ca.gov</p>																																																		
<p>3. Program/Project Name: <u>Disability Program Navigator</u> <small>Type Program/Project Name Here</small></p> <p><input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <i>A cooperative agreement between the SSA and DOL is the mechanism by which this project is authorized and funded.</i></p> <p><input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> N/A</p>																																																		
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small></p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input checked="" type="checkbox"/> Other (Please explain.)</p> <p><u>Funds support a Navigator position in the One-Stop Career Centers who were awarded DPN grants. The Navigator position, although allowed to work directly with a client on occasion, is not a case manager and no direct services are provided through the position. A Navigator is a systems change agent for the local One-Stops providing guidance, training, and facilitation. The guidance and training comes in the form of, among other things, sensitivity awareness, offering recommendations/suggestions on accessibility, and providing program and contact information of various stakeholders in their respective service area. The Navigator performs outreach to local service providers and employers acting as a conduit between such groups and the One-Stop Case managers.</u></p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Education (all levels)</td><td><input type="checkbox"/> Transportation</td></tr> <tr><td><input type="checkbox"/> Assessment</td><td><input type="checkbox"/> Parking</td></tr> <tr><td><input type="checkbox"/> Indiv. Employment Plan</td><td><input type="checkbox"/> Housing</td></tr> <tr><td><input type="checkbox"/> Case Mgmt. 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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <hr/> Funding Name <u>Social Security Administration and the Department Of Labor</u> Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ 1,800,000 to date
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>10-1-03 through 6-30-05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Unknown, at least through June 30, 2006 <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Competitive bid process	12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Grant funds do not support direct services</u> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Please see attached for a list of One-Stops that received grant funds</u>
		15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.)		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.)		
18.	Form Completed By: Brett Lapp Date: 11/16/04		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: Employment Development Department Job Service Division Address: 800 Capitol Mall, MIC 37 Sacramento, CA 94280-0001	2.	Contact Name: Karen Lobaugh Title: Deaf and Hard of Hearing Program Mgt. Phone: 916-654-6577 E-Mail: klobaugh@edd.ca.gov		
3.	Program/Project Name: <u>Deaf and Hard of Hearing Program</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>CUIC Section 11001</u> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input checked="" type="checkbox"/> Direct Job Placement, or Job Preparation Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> <input type="checkbox"/> Other (Please explain.) <hr/> <hr/>	6.	Services Provided: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Indiv. Employment Plan <input checked="" type="checkbox"/> Case Mgmt. 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2004-05

Date: 11/12/04

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Developmental Services Address: P. O. Box 944202 Sacramento, CA 94244-2020	2.	Contact Name: Denyse Curtright Title: Asst. Chief, Work Services Section Phone: 916-654-2208 E-Mail: dcurtrig@dds.ca.gov		
3.	Program/Project Name: <u>Habilitation Services</u> Type Program/Project Name Here <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>Welfare and Institutions Code 4850-4867</u> <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input checked="" type="checkbox"/> Direct Job Placement, or Job Preparation Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.) <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <u>Coordination and funding of extended vocational services for those with developmental disabilities..</u> <input type="checkbox"/> Other (Please explain.) _____ _____	6.	Services Provided: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. 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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

7.	Source of Funds: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Department of Rehabilitation</u> <u>State General Fund</u> Funding Name _____	8.	Funding Amount: Total \$ <u>126,600,000</u> DOR \$ <u>21,700,000</u> Gen. Fund <u>104,900,000</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/04 through 06/30/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Indefinite
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Disbursed to regional centers based on expenditures.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability <u>Developmental Disabilities</u> <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: “Developmental disability” means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of DDS, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature. W&I Code 4512(a).	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide network of 21 regional centers.</u>
		15.	# Served - Prior Yr.: <u>24,000</u> <input type="checkbox"/> N/A Planned # - Current Yr. <u>25,000</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Regional centers determine eligibility. For eligible individuals, referrals to community resources are supplemented by purchase of services. Regional centers refer to DOR for vocational rehabilitation services for initial job development, placement, and stabilization. Subsequently, regional centers provide funding for long-term vocational supports through habilitation service providers after DOR determines the consumer is stable and vocational rehabilitation funding discontinues.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) The above process has been in effect since July 1, 2004 after transfer of responsibility for habilitation services from DOR to DDS. Evaluation is pending.		
18.	<div style="display: flex; justify-content: space-between;"> <div> Form Completed By: Denyse Curtright </div> <div> Approved by Julia Mullen by e-mail message 06-15-05 Date: <u>10/28/2004</u> </div> </div>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Developmental Services Address: P. O. Box 944202 Sacramento, CA 94244-2020	2.	Contact Name: Denyse Curtright Title: Asst.Chief, Work Services Section Phone: 916-654-2208 E-Mail: dcurtrig@dds.ca.gov		
3.	Program/Project Name: <u>Developmental Centers Program</u> Type Program/Project Name Here <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>W & I Code, Sections 4440-4472</u> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input checked="" type="checkbox"/> Direct Job Placement, or Job Preparation Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.) <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <u>Provision of and coordination of services for those with developmental disabilities living in state operated developmental centers.</u> <input type="checkbox"/> Other (Please explain.) _____ _____	6.	Services Provided: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Direct Placement <input checked="" type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input checked="" type="checkbox"/> Case Mgmt. 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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Federal Medical Assistance from DHS</u> <u>State General Fund</u> Funding Name _____ Name of Federal, State, or Private Fund Source _____	8.	Funding Amount: \$ <u>701,966,000</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/04 through 06/30/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Indefinite <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) DDS disburses directly to staff, vendors, service providers, etc.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability <u>Developmental Disabilities</u> <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: "Developmental disability" means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of DDS, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature. W&I Code 4512(a). <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <i>Statewide--5 Centers and an additional 2 facilities for persons who require specialized behavioral interventions.</i>
		15.	# Served - Prior Yr.: <u>3457</u> <input type="checkbox"/> N/A Planned # - Current Yr. <u>3269</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) DDS in coordination with the regional center, refers to DOR as appropriate for vocational rehabilitation funding as part of plan to moving into a community setting.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) Unknown		
18.	<div style="display: flex; justify-content: space-between;"> <div> Form Completed By: Denyse Curtright </div> <div> Approved by Julia Mullen by e-mail message 06-15-05 Date: <u>10/28/04</u> </div> </div>		

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2004-05																																																					
1.	Organization Name: Department of Developmental Services Address: P. O. Box 944202 Sacramento, CA 94244-2020	2.	Contact Name: Denyse Curtright Title: Asst. Chief, Work Services Section Phone: 916-654-2208 E-Mail: dcurtrig@dds.ca.gov																																																		
3.	Program/Project Name: <u>Community Services Program</u> <u>(Regional Centers)</u> _____ Type Program/Project Name Here <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>W & I Code, Divs. 4, 6, and 7, commencing with Section 4400</u> <u>Health and Safety Code, Div. 25, commencing with Section 3800</u> _____ <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A																																																		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.) <input checked="" type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <u>Coordination of services for those with developmental disabilities.</u> _____ <input type="checkbox"/> Other (Please explain.) _____ _____	6.	Services Provided: <table border="0"> <tr> <td>Direct Placement</td> <td>Supportive</td> </tr> <tr> <td><input type="checkbox"/> Education (all levels)</td> <td><input checked="" type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Assessment</td> <td><input type="checkbox"/> Parking</td> </tr> <tr> <td><input type="checkbox"/> Indiv. 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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Title XX Social Services Block Grant</u> <u>State General Fund</u> Funding Name	8.	Funding Amount: \$ <u>2,601,085,000</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/04 through 06/30/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Indefinite <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Allocated based expenditures to 21 regional centers.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability <u>Developmental Disabilities</u> <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: “Developmental disability” means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of DDS, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature. W&I Code 4512(a).	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide network of 21 Regional Centers</u>
		15.	# Served - Prior Yr.: <u>183,000</u> <input type="checkbox"/> N/A Planned # - Current Yr. <u>186,000</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Regional centers determine eligibility. For eligible individuals, referrals to community resources are supplemented by purchase of services. Regional centers refer to Department of Rehabilitation (DOR) for vocational rehabilitation services for initial job development, placement, and stabilization. Subsequently, regional centers provide funding for long-term vocational supports through habilitation service providers after DOR determines the consumer is stable and vocational rehabilitation funding discontinues.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) The above process has been in effect since July 1, 2004 after transferal of responsibility for habilitation services from DOR to DDS. Evaluation is pending.		
18.	<div style="display: flex; justify-content: space-between;"> <div> Form Completed By: Denyse Curtright </div> <div> Approved by Julia Mullen by e-mail message 06-15-05 Date: <u>10-28-2004</u> </div> </div>		

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INFORMATION PAGE**

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1.	Organization Name: Department of Health Services Address: Department of Health Services Medi-Cal Operations Division 1501 Capitol Avenue, MS 4503 PO Box 997419 Sacramento, CA 95899-7419	2.	Contact Name: Mark Mimnaugh Title: Nurse Consultant III Phone: (916) 552.9379 E-Mail: mmimnaug@dhs.ca.gov																																																						
3.	Program/Project Name: <u>Assisted Living Waiver Pilot Project</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>W&I Code, Section 14132.26</u> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State </div> <input type="checkbox"/> N/A																																																						
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Services Provided: <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><i>Direct Placement</i></th> <th style="text-align: left; border-bottom: 1px solid black;"><i>Supportive</i></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Education (all levels)</td> <td><input checked="" type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Assessment</td> <td><input type="checkbox"/> Parking</td> </tr> <tr> <td><input type="checkbox"/> Indiv. Employment Plan</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input checked="" type="checkbox"/> Case Mgmt. 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<input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Job Coach																																																								
<input type="checkbox"/> Employer Outreach & Education	<input type="checkbox"/> IHSS in Workplace																																																								
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<input type="checkbox"/> Retention Services	<input type="checkbox"/> Workplace Safety																																																								
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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Medi-Cal</u> Funding Name <u>State General Fund and Federal Financial Participation</u> Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ <u>\$7,191,805</u> <u>(\$3,595,902 General Fund) in year 1 of 3</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/05 through 06/30/06</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? 2 years <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Funds are disbursed through the payment of Medi-Cal claims. Funding is reimbursed 50/50 through federal financial participation.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Qualified individuals must have full scope Medi-Cal eligibility with or without a Share of Cost (SOC) and meet the nursing facility level of care.</u> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Sacramento, San Joaquin and Los Angeles Counties</u>
		15.	# Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. <u>200</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Department of Social Services, NCB Development Corporation		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) DHS intends to implement this project in January 2006.. The maximum capacity of the waiver is 1000 persons over the three-year pilot project.		
18.	<div style="text-align: right; color: blue;">Revised 6/9/05</div> Form Completed By: Mark Mimnaugh, NC III Date: <u>January 28, 2005</u>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Health Services</p> <p>Address: Department of Health Services Medi-Cal Operations Division 1501 Capitol Avenue, MS 4503 PO Box 997419 Sacramento, CA 95899-7419</p>	<p>2. Contact Name: Greg Hughes Title: Nurse Consultant III Phone: (916) 552.9204 E-Mail: ghughes@dhs.ca.gov</p>		
<p>3. Program/Project Name: <u>In-Home Operations NF A/B Waiver</u> Type Program/Project Name Here <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>CMS approved federal waiver application</u> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A</p>		
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) _____</p> <p><input checked="" type="checkbox"/> Other (Please explain.) <u>Provide home and community-based services as an alternative to long-term placement in a skilled nursing facility</u> _____</p>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input checked="" type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input checked="" type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification (Explain certification below)</p> <p>_____ _____ _____ _____ (Use additional lines, as necessary.)</p> </td> <td style="vertical-align: top; width: 50%;"> <p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input checked="" type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input checked="" type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input checked="" type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p>_____ _____ _____ _____</p> </td> </tr> </table>	<p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input checked="" type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input checked="" type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification (Explain certification below)</p> <p>_____ _____ _____ _____ (Use additional lines, as necessary.)</p>	<p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input checked="" type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input checked="" type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input checked="" type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p>_____ _____ _____ _____</p>
<p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input checked="" type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input checked="" type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification (Explain certification below)</p> <p>_____ _____ _____ _____ (Use additional lines, as necessary.)</p>	<p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input checked="" type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input checked="" type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input checked="" type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p>_____ _____ _____ _____</p>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Medi-Cal</u> <small>Funding Name</small> <u>State General Fund and Federal Financial Participation</u> <small>Name of Federal, State, or Private Fund Source</small>	8.	Funding Amount: \$ <u>28,794,480</u>
9.	Duration of Funds: <small>mm/dd/yy through mm/dd/yy</small> <u>01/01/05 through 12/31/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Indefinitely <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Funds are disbursed through the payment of Medi-Cal claims. Funding is reimbursed 50/50 through federal financial participation.	12.	Population Served: <input checked="" type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Qualified beneficiaries must have Medi-Cal eligibility and meet the Sub-Acute Facility level of care</u> <input type="checkbox"/> N/A	14.	Geographical Area Served: <small>(Statewide, County/City/Zip Codes Served)</small> <u>Statewide</u>
		15.	# Served - Prior Yr.: <u>670</u> <input checked="" type="checkbox"/> N/A Planned # - Current Yr. <u>780</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: <small>(State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u>: Training One-Stop staff on Disability Law; <u>Dept. of Education</u>: Intake, and Assessment; <u>Lighthouse for the Blind</u>: Referral Services.)</small>		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) The NF A/B waiver provides medically necessary services to individuals in their home as an alternative to long-term placement in a facility. The beneficiaries have Medi-Cal eligibility through the community deeming or institutional deeming rules.		
18.	<div style="display: flex; justify-content: space-between;"> <div> Form Completed By: Greg hughes, NC III </div> <div> Date: <u>January 31, 2005</u> </div> <div> Revised 6/9/05 </div> </div>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Health Services Office of Long Term Care Address: 1501 Capitol Avenue, Suite 6031 MS 0018 PO Box 997413 Sacramento, CA 95899-7413</p>	<p>2. Contact Name: Paula Acosta Title: Chief, Long Term Care Integration Unit Phone: (916) 440-7544 E-Mail: pacosta@dhs.ca.gov</p>		
<p>3. Program/Project Name: <u>Real Choice Systems Change Grant for Community Living (California Pathways)</u> <small>Type Program/Project Name Here</small> <input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>Federal budget allocation</u> <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> N/A</p>		
<p>5. Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.) <input checked="" type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <u>Nursing Facility Resident</u> <u>Assessment and Transition Svcs.</u> <input type="checkbox"/> Other (Please explain.) _____</p>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><i>Direct Placement</i></p> <p><input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below)</p> <p>----- <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.)</p> </td> <td style="vertical-align: top; width: 50%;"> <p><i>Supportive</i></p> <p><input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input checked="" type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p> </td> </tr> </table>	<p><i>Direct Placement</i></p> <p><input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. 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Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below)</p> <p>----- <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.)</p>	<p><i>Supportive</i></p> <p><input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input checked="" type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>
<p><i>Direct Placement</i></p> <p><input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below)</p> <p>----- <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.)</p>	<p><i>Supportive</i></p> <p><input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input checked="" type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>		

INFORMATION PAGE

2004-05

2004-05					
7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Real Choice Systems Change Grant</u> Funding Name <u>U.S. Dept of Health and Human Services; Medicare and Medicaid Services</u> Name of Federal, State, or Private Fund Source		8.	Funding Amount: \$ <u>750,000</u>	
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>09/29/03 through 09/29/06</u>		10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? <input checked="" type="checkbox"/> No	
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Interagency agreement between DHS and UCLA/Borun Center for Gerontological Research.		12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. Nursing facility residents wishing/able to transition to community living. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A	
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Individuals transitioning from long-term care facilities to community living.</u> <input type="checkbox"/> N/A		14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>One community in Southern California</u>	
			15.	# Served - Prior Yr.: __Unknown at this time. Planned # - Current Yr. <u>Unknown at this time.</u>	
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) DHS - Grant Recipient and Project Lead UCLA/Borun Center for Gerontological Research – Project Lead University of Southern California – Project Technical Partner Dept. of Rehabilitation – Project Partner for Assessment and Independent Living CA Health and Human Services Agency/Olmstead Advisory Group – Stakeholder Involvement Lead Local and State Level Stakeholders – Input and Comment on Grant Deliverables and Pilot Project Procedures				
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.)				
18.	Form Completed By: Paula Acosta Date: June 9, 2005				

**STATE EMPLOYMENT-RELATED PROGRAMS
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INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Mental Health</p> <p>Address: 1600 9th Street, Room 130 Sacramento, CA 95814</p>	<p>2. Contact Name: Kathy Clark</p> <p>Title: Disaster Assistance Coordinator</p> <p>Phone: 916-654-3598</p> <p>E-Mail: Kathy.clark@dmh.ca.gov</p>				
<p>3. Program/Project Name:</p> <p><u>Federal Emergency Management Agency Crisis Counseling Assistance & Training Program (FEMA CCP)</u> Type Program/Project Name Here</p> <p><input type="checkbox"/> Federal Program</p> <p><input checked="" type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation:</p> <ul style="list-style-type: none"> ▪ <u>Robert T. Stafford Disaster and Emergency Relief Act. (P.L. 93-288 as amended)</u> ▪ California Emergency Services Act ▪ Governor's letter to Agency Secretaries dated 9/12/00 ▪ Executive Order W-9-91 dated 5-29-91 ▪ California State Emergency Plan <p><input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input checked="" type="checkbox"/> Other (Please explain.)</p> <p><u>Disaster mental health services following a Presidential disaster declaration: short-term crisis counseling, education, emotional support, assessment and referral to auxiliary disaster recovery services</u></p> <hr/>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. 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**STATE EMPLOYMENT-RELATED PROGRAMS
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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>FEMA Crisis Counseling Assistance & Training Program</u> Name of Federal, State, or Private Fund Source	8.	Funding Amount: <u>\$ varies based on scope of disaster; need for services, length of program; there are two grant programs potentially available</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>Services to the community are typically 60 days to 12 months in duration. This is not a case management program so this is the timeline for services to the community, not individual persons.</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? When needed following a Presidential disaster declaration and need for services which exceeds the capacity of local county mental health resources <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) As needed and requested by County Mental Health departments in disaster affected areas.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input checked="" type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>1) County received Presidential declaration of disaster. 2) Needs assessment and grant application.</u> <u>Response needs exceed county resources.</u> <u>Any one who resides or works in the disaster affected area may be served.</u> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Disaster affected county/counties</u> Most recent disaster: Individuals served: 10,728 Crisis Counseling Group Sessions: 1,384 Number of Participants 18,906
15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A	16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) County Mental Health Departments typically administer the program by contracting with community service providers who can rapidly deploy personnel to provide services and who are well known and respected within a disaster-affected area/community. In some cases the county hires personnel and provides all services. Partnerships include: long-term Volunteer Agencies Active in Disaster (VOAD), inter-faith groups, community organizations, schools, civic groups, non-profit organizations representing diverse target populations, etc. in order to serve disaster victims.
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) Federal guidelines must be observed/followed. Federal guidelines require immediate implementation which is very difficult in local and state government due to budget issues and related policies/exemption processes: i.e., hiring freeze conditions, contracting exemptions, etc. California has received FEMA funding for 19 major disasters since 1989. This funding has enabled many impacted County Mental Health Departments to implement crisis counseling programs which helped connect disaster survivors with local resources in their community as well as address the emotional impact of these disasters.		
18.	Form Completed By: Kathy Clark, MFT Date: <u>06/09/2005</u>		

**STATE EMPLOYMENT-RELATED PROGRAMS
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<p>1. Organization Name: Department of Mental Health</p> <p>Address: 1600 9th Street Sacramento, CA 95814</p>	<p>2. Contact Name: Dee Lemonds Title: Chief, Adult/Older Adult Program Policy Unit</p> <p>Phone: 916-654-3001 E-Mail: Dee.lemonds@dmh.ca.gov</p>				
<p>3. Program/Project Name:</p> <p><u>Integrated Services for Homeless Adults with Serious Mental Illness</u> <small>Type Program/Project Name Here</small></p> <p><input checked="" type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation:</p> <p><u>W & I Code, Sections 5800 through 5811.2 for general Adult System of Care guidelines, and Section 5814.5 for Assembly Bill 34/2034 guidelines</u></p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small></p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input checked="" type="checkbox"/> Other (Please explain.) <u>The primary focus of these programs is to provide comprehensive, integrated services to homeless persons with serious mental illness. These services include but are not limited to housing, employment, education, physical and mental healthcare, substance abuse services, etc., Note: the specific services identified in No. 6, vary from program to program – but are generally provided in AB 2034 programs either by county or contract agency staff. The goal for these programs is to provide “whatever it takes” to support and sustain individuals in housing and/or employment and education.</u></p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Indiv. Employment Plan <input checked="" type="checkbox"/> Case Mgmt. 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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Mental Health</p> <p>Address: 1600 9th Street, Room 100 Sacramento, CA 95814</p>	<p>2. Contact Name: Donna Ures</p> <p>Title: Staff Services Analyst</p> <p>Phone: 916-653-2634</p> <p>E-Mail: Donna.ures@dmh.ca.gov</p>				
<p>3. Program/Project Name:</p> <p><u>Projects for Assistance in Transition from Homelessness (PATH)</u> Type Program/Project Name Here</p> <p><input checked="" type="checkbox"/> Federal Program <input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation:</p> <p><u>Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101-645, Title V, Subtitle B)</u></p> <p><input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input checked="" type="checkbox"/> Other (Please explain.) <u>Funds may be used only to provide services to individuals who are suffering from serious mental illness or from a co-occurring substance abuse disorder and who are homeless or at imminent risk of becoming homeless. A small portion of the funds may be used for housing (20%).</u></p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement </td> </tr> </table> <p><input checked="" type="checkbox"/> The grant funds can be used for a variety of treatment and support services listed above.</p>	<i>Direct Placement</i>	<i>Supportive</i>	<input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement
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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Center for Mental Health Services</u> <small>Name of Federal, State, or Private Fund Source</small>	8.	Funding Amount: <u>\$ 6,741,000</u>
9.	Duration of Funds: <small>mm/dd/yy through mm/dd/yy</small> <u>07/01/04 through 06/30/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Indefinite <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) The funds are awarded to the States based on a formula. California then allocates the funds to County Mental Health Departments who may contract with local mental health providers.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability (Specify type) <u>Mental illness and/or substance abuse</u> <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <i>Individuals who have serious mental illness or have co-occurring substance use disorders; and are homeless or at imminent risk of becoming homeless.</i> <input type="checkbox"/> N/A	14.	Geographical Area Served: <small>(Statewide, County/City/Zip Codes Served)</small> <u>Statewide in 37 counties</u>
15.		15.	# Served - Prior Yr.: <u>15,759</u> Planned # - Current Yr.: <u>16,674</u>
16.	Partnerships and Responsibilities Of Each Partner: <small>(State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u>: Training One-Stop staff on Disability Law; <u>Dept. of Education</u>: Intake, and Assessment; <u>Lighthouse for the Blind</u>: Referral Services.)</small> County mental health may choose to subcontract with outside service providers or may provide direct services.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) The Federal guidelines for the PATH program are restrictive in that the services provided may only be provided to those individuals who are diagnosed with severe mental illness and/or suffering from a co-occurring substance abuse disorder and are homeless or at risk of homelessness.		
18.	Form Completed By: Donna Ures Date: <u>06/09/2005</u>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Mental Health</p> <p>Address: 1600 9th Street Sacramento, CA 95814</p>	<p>2. Contact Name: Ron Bettencourt</p> <p>Title: Staff Mental Health Specialist</p> <p>Phone: 916-654-4432</p> <p>E-Mail: Ron.bettencourt@dmh.ca.gov</p>				
<p>3. Program/Project Name: <u>SAMSHA (Substance Abuse and Mental Health Services Administration) Community Mental Health Services Block Grant</u> Type Program/Project Name Here <input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>Title XIX of the Public Health Service Act; P.L. 102-321 and 106-321; W&I Code, Sect. 5700-5700.1.</u></p> <p><input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) _____ _____</p> <p><input checked="" type="checkbox"/> Other (Please explain.) _____ _____</p> <p>The primary focus of the program is to support comprehensive, community-based systems of care for adults with serious mental illnesses (SMI) and children with serious emotional disturbances (SED). Those services could include services that support the ability of an individual with SMI or SED to seek, accept and retain employment.</p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment (for co-occurring diagnosis) <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement </td> </tr> </table> <p><input checked="" type="checkbox"/> The Block Grant funds are flexible and can be used for a variety of treatment and support services listed above, provided the individual is diagnosed with SMI or SED.</p>	<i>Direct Placement</i>	<i>Supportive</i>	<input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment (for co-occurring diagnosis) <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement
<i>Direct Placement</i>	<i>Supportive</i>				
<input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment (for co-occurring diagnosis) <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement				

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Center for Mental Health Services</u> <small>Name of Federal, State, or Private Fund Source</small>			8.	Funding Amount: \$ 54,447,176	
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/04 through 06/30/05</u>			10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Indefinite <input type="checkbox"/> No	
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) The funds are awarded to the States based on a formula. California then allocates the funds to County Mental Health Departments who may contract with local mental health providers. Some funding is reserved for special projects funded through a competitive process.			12.	Population Served: <input checked="" type="checkbox"/> Youth w/d disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability (Specify type) <u>serious mental illness and serious emotional disturbance</u> <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A	
13.	Eligibility Requirements for People Seeking Program/Project Services: Adults with a serious mental illness and children with a serious emotional disturbance, as defined in the Federal Register, May 20, 1993 (Volume 58, No. 96). <input type="checkbox"/> N/A			14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>	
				15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A	
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) The State allocates the funds to County Mental Health Departments. Each county is required to submit an annual application or expenditure plan that includes a narrative detailing its intended use of the funds. They are also subject to site reviews. The Block Grant requires each State to have a mental health planning council to review the State Mental Health Plan. Each council must include consumers of mental health services and family members, as well as service providers and State officials. The State also is required to seek comments from the public on its plan. At the Federal level, mental health planning council members-including family members, consumers, State officials, and service providers-serve as CMHS reviewers of State Mental Health Plans and Implementation.					
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) The base allocation provides a stable, flexible and non-categorical funding base, which the counties can use to develop innovative programs or augment existing programs within their systems of care for adults with SMI or children with SED.					
18.	Form Completed By: Ron Bettencourt			Date: <u>06/09/2005</u>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Mental Health</p> <p>Address: 1600 9th Street, Room 100 Sacramento, CA 95814</p>	<p>2. Contact Name: Donna Ures Title: Staff Services Analyst Phone: 916-653-2634 E-Mail: Donna.ures@dmh.ca.gov</p>		
<p>3. Program/Project Name: <u>Supportive Housing Initiative Act</u></p> <p><input checked="" type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>Health and Safety Code, Sect. 53250-53315</u></p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A</p>		
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input checked="" type="checkbox"/> Other (Please explain.) <u>Funding is available to county governments or nonprofit organizations for supportive services, rental subsidies, or both.</u></p> <hr/>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification (Explain certification below)</p> </td> <td style="vertical-align: top; width: 50%;"> <p>Supportive</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> </td> </tr> </table> <p><input checked="" type="checkbox"/> Funding may be used to provide an array of supportive services to low income individuals with disabilities. Funding may also be used for rental subsidies.</p>	<p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. 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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05			
7.	Source of Funds: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>State General Fund</u> <small>Name of Federal, State, or Private Fund Source</small>	8.	Funding Amount: <u>\$ 0</u>
9.	Duration of Funds: <small>mm/dd/yy through mm/dd/yy</small> <u>July 1, 1999 thru June 30, 2005</u>	10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? <input checked="" type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Grants were awarded through competitive process to local government, non-profit service or housing agencies, or groups of local non-profit and/or local government agencies. Increasing matching funds were required.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <i>Very low income individuals with one or more disabilities, including mental illness.</i> <input type="checkbox"/> N/A	14.	Geographical Area Served: <small>(Statewide, County/City/Zip Codes Served)</small> <u>Statewide</u>
		15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: <small>(State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u>: Training One-Stop staff on Disability Law; <u>Dept. of Education</u>: Intake, and Assessment; <u>Lighthouse for the Blind</u>: Referral Services.)</small> In most SHIA projects there is strong collaboration between both service providers and housing providers. These partnerships may include property management, housing developers, and service providers.		
17.	Additional Information or Comments on the Program/Project: <small>(Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.)</small> While this program is not currently receiving any State funds, it is important to note that the sunset date was extended from 2004 to 2009.		
18.	Form Completed By: Donna Ures Date: <u>06/09/2005</u>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Mental Health</p> <p>Address: 1600 9th Street Sacramento, CA 95814</p>	<p>2. Contact Name: Jane Laciste</p> <p>Title: TBI/CRC Program Administrator</p> <p>Phone: (916) 654-3529</p> <p>E-Mail: jane.laciste@dmh.ca.gov</p>				
<p>3. Program/Project Name: <u>Traumatic Brain Injury Services of Calif</u> <small>Type Program/Project Name Here</small></p> <p><input checked="" type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: Senate Bill 2232, (Chapter 1292, Statutes of 1988) which added Section 5564 to the W & I Code</p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small></p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input checked="" type="checkbox"/> Other (Please explain.) <u>Assist TBI survivors to attain productive, independent lives, including paid employment.</u></p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Indiv. Employment Plan <input checked="" type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input checked="" type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small> </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input checked="" type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input checked="" type="checkbox"/> Benefits Planning <input checked="" type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input checked="" type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Info & Referral </td> </tr> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small> </div>	<i>Direct Placement</i>	<i>Supportive</i>	<input type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Indiv. Employment Plan <input checked="" type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input checked="" type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. 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<i>Direct Placement</i>	<i>Supportive</i>				
<input type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Indiv. Employment Plan <input checked="" type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input checked="" type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small>	<input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input checked="" type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input checked="" type="checkbox"/> Benefits Planning <input checked="" type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input checked="" type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Info & Referral				

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[illegible]

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Mental Health</p> <p>Address: 1600 9th Street Sacramento, CA 95814</p>	<p>2. Contact Name: Rita McCabe-Hax</p> <p>Title: Chief, Medi-Cal Policy and Support</p> <p>Phone: 916-654-5722</p> <p>E-Mail: Rita.mccabe@dmh.ca.gov</p>				
<p>3. Program/Project Name: <u>Health Families Program (HFP) – Severely Emotionally Disturbed (SED) Benefit</u></p> <p><input checked="" type="checkbox"/> State Program</p> <p><input checked="" type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <i>Social Security Act, Title XXI; AB1126, Chap. 623, Statutes of 1997; AB 1572, Chap. 625, Statutes of 1997; Insurance Code, Div. 2, Part 6.2, commencing with Sect. 12693</i></p> <p><input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input checked="" type="checkbox"/> Other (Please explain.) <u>Mental health services for enrollees in the HFP.</u></p>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top; border: none;"> <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below) </td> <td style="vertical-align: top; border: none;"> <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input checked="" type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement </td> </tr> </table> <div style="border-top: 1px dashed black; margin-top: 10px;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.) </div>	<i>Direct Placement</i>	<i>Supportive</i>	<input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification (Explain certification below)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input checked="" type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement
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**STATE EMPLOYMENT-RELATED PROGRAMS
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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input checked="" type="checkbox"/> County Name of Federal, State, or Private Fund Source: <u>Title XXI Federal Financial Participation</u> <u>State General Fund</u> <u>County Realignment or Other County Funds</u>	8.	Funding Amount: \$ <u>16,985,000 in FFP*</u> <u>9,148,000 in County Match*</u> <u>98,000 in SGF*</u> * Estimates from FY 2004-05 State Budget, actual funding depends on services delivered
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>7/01/04 through 06/30/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? <u>Indefinite</u> <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) <u>The State reimburses counties for the federal share of cost for actual HFP SED services and administrative costs under the cost-based reimbursement system applicable to the counties for the Medi-Cal program. The federal share is established by federal fiscal year in accordance with federal law and is currently 65 percent of the allowable costs. When the services provided are not eligible for federal financial participation because the enrollee is a legal immigrant who entered the US after August 22, 1996 and has not been in the US for 5 years, the State Department of Mental Health reimburses counties for the "federal share" from state general funds.</u> <u>Counties fund the costs of the HFP SED benefit above the federal share from county realignment funds or other county funds eligible to be used as matching dollars.</u>	12.	Population Served: <input checked="" type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability (Specify) <u>SED</u> <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A

**STATE EMPLOYMENT-RELATED PROGRAMS
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13.	Eligibility Requirements for People Seeking Program/Project Services: <i>Children under the age of 19 whose families do not have insurance, do not qualify for zero share of cost Medi-Cal, and whose income is at or below 250% of the Federal Poverty Level may enroll in the HFP. Enrollees who are determined by the county mental health department to meet the SED criteria in W&I Code Section 5600.3 may receive mental health services from the county mental health department above the mental health services benefit available to all enrollees.</i> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u> 15. # Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. _____ <input checked="" type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) County mental health departments must determine whether HFP enrollees who are referred to or identified by the county meet the SED criteria. If the enrollees meet the criteria, the county mental health department is responsible for providing medically necessary services. The Managed Risk Medical Insurance Board is the primary state agency responsible for the HFP, including the basic HFP benefit package and HFP eligibility and enrollment and general oversight. HFP health plans and county mental health departments must cooperate in establishing the eligibility of the HFP health plans' enrollees for the HFP SED benefit. The Department Health Services processes claims for the HFP SED benefit submitted by county mental health departments through the Department of Mental Health (DMH), obtains federal financial participation for these claims, which is then passed through DMH and the State Controller's Office to the counties. DMH also estimates HFP SED benefit expenditures in the annual state budget process and facilitates the resolution of HFP-related problems among the responsible parties as needed.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.)		
18.	Form Completed By: Rita McCabe Date: <u>06/09/2005</u>		

**STATE EMPLOYMENT-RELATED PROGRAMS
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INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Mental Health Address: 1600 9 th Street Sacramento, CA 95814	2.	Contact Name: Rita McCabe-Hax Title: Chief, Medi-Cal Policy and Support Phone: 916-654-5722 E-Mail: Rita.mccabe@dmh.ca.gov		
3.	Program/Project Name: <small>Type Program/Project Name Here</small> Medi-Cal Specialty Mental Health Services Consolidation <input checked="" type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <i>Social Security Act, Title XIX; Welfare and Institutions Code, Section 14000 et seq.; Welfare and Institutions Code, Section 5775 et seq.</i> <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> <input checked="" type="checkbox"/> Other (Please explain.) <u>Mental health services for individuals enrolled in the Medi-Cal program</u> <hr/>	6.	Services Provided: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. 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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input checked="" type="checkbox"/> County Name of Federal, State, or Private Fund Source: <u>Title XIX Federal Financial Participation</u> <u>State General Funds</u> <u>County Realignment or Other Funds</u>	8.	Funding Amount: \$ <u>958,871,000 in FFP*</u> <u>222,424,000 in SGF from Managed Care</u> <u>365,652,000 in SGF from EPSDT*</u> <u>6,783,000 in SGF from San Mateo Pharm.</u> <u>and Lab</u> <u>364,012,000 in County Match*</u> <small>* Estimates from FY 2004-05 State Budget, actual FFP, EPSDT, and County Match depend on services delivered</small>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/04 through 06/30/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? <u>Indefinite</u> <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) <u>The State reimburses counties for the federal share of cost for actual services and related costs under the Medi-Cal cost-based reimbursement system applicable to the counties. The federal share is established by federal fiscal year in accordance with federal law and is currently 50 percent of the allowable costs.</u> <u>Counties fund the costs of the above the federal share from county realignment funds or other county funds eligible to be used as matching dollars and from state general funds provided through an annual Managed Care allocation from the Department of Mental Health and from state general funds provided in accordance with a special funding arrangement among the counties, DMH and the Department of Health Services for specific services to full-scope Medi-Cal beneficiaries under the age of 21.</u>	12.	Population Served: <input checked="" type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability (Specify type) <u>Most Mental Disorders</u> <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A

**STATE EMPLOYMENT-RELATED PROGRAMS
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13.	Eligibility Requirements for People Seeking Program/Project Services: <i>Enrollment in the Medi-Cal program. The services provided must be medically necessary in accordance with state regulations at Title 9, California Code of Regulations, Section 1820.205, 1830.205 and 1830.210.</i> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) Statewide # Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. _____ <input checked="" type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) The Department of Health Services (DHS) is the single state Medicaid agency, with general policy-making and oversight responsibilities for the program. The Department of Mental Health (DMH), under an interagency agreement with DHS, is responsible for administering the program, including contracting with county mental health departments to serve as the Medi-Cal mental health plans for Medi-Cal beneficiaries in their respective counties. County mental health departments are responsible for providing or arranging for the Medi-Cal mental health services covered by their contracts with DMH.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.)		
18.	Form Completed By: Teri Barthels Date: 9/29/04__		

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2004-05

<p>1. Organization Name: Department of Mental Health</p> <p>Address: 1600 9th Street Sacramento, CA 95814</p>	<p>2. Contact Name: Edie Covent</p> <p>Title: Staff Mental Health Specialist</p> <p>Phone: (619) 645-2963</p> <p>E-Mail: ecovent@inreach.com</p>				
<p>3. Program/Project Name: Type Program/Project Name Here California's Mental Health Cooperative Employment Programs</p> <p><input checked="" type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: Federal Rehabilitation Act</p> <p><input checked="" type="checkbox"/> Federal <input type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input checked="" type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input type="checkbox"/> Other (Please explain.)</p> <hr/>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top; padding: 2px;"> <input checked="" type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Indiv. Employment Plan <input checked="" type="checkbox"/> Case Mgmt. 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**STATE EMPLOYMENT-RELATED PROGRAMS
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INFORMATION PAGE**

2004-05			
7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> County Name of Federal, State, or Private Fund Source: <u>CFDA 84-126</u>	8.	Funding Amount: \$ <u>1,580,842</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>7/1/03 through 6/30/06</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? <u>Indefinite</u>
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) The Community-based collaborations between local county mental health and Department of Rehabilitation field offices provide improved access and specialized employment services and mental health supports. There are currently 25 cooperative agreements negotiated and contractually maintained by local mental health and their Department of Rehabilitation. Training and technical assistance is available to the local cooperatives as well as other local DOR/public mental health partnerships that emphasize collaborative employment services and supports. Consultants and trainers are chosen through a competitive application process.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability (Specify type) <u>Psychiatric disabilities</u> <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: Consumers are historically unserved or underserved in vocational rehabilitation. All are consumers of mental health services.	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
15.		15.	# Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. _____ <input checked="" type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) At the State level, both DOR and DMH are responsible for providing oversight and technical assistance to the county level cooperative programs.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) The Cooperative Programs have been built with consumer, family member, county mental health, and local DOR collaboration. They adhere to core values of consumer career choice, comprehensive service linkages, job placement in competitive and integrated employment, reasonable accommodations, and pro-active ongoing support. The addition of new cooperatives and the expansion of existing programs continue to address unmet needs in both urban and rural communities.		
18.	Form Completed By: Donna Ures Date: 06/09/2005_____		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

04-05

<p>1. Organization Name: Department of Rehabilitation (DOR)</p> <p>Address: 2000 Evergreen Street Sacramento, CA 95815</p>	<p>2. Contact Name: John L. Westbrook Title: Program Manager</p> <p>Phone: 916-263-8888</p> <p>E-Mail: jwestbro@dor.ca.gov</p>				
<p>3. Program/Project Name: <u>Business Enterprises Program</u> Type Program/Project Name Here <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: Code of Federal Regulations 395.4 W & I Code Article 5, Sections (19625 through 19652)</p> <p><input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input checked="" type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) _____ _____</p> <p><input checked="" type="checkbox"/> Other (Please explain.) <u>Provide Self-Employment opportunities for DOR consumers who are blind/visually impaired and who select BEP vendor as their employment goal to operate facilities in local, state, and federal food service facilities.</u> _____ _____</p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input checked="" type="checkbox"/> Job Skills Training <input checked="" type="checkbox"/> Classroom Training <input checked="" type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input checked="" type="checkbox"/> Certification (Explain certification below) The program to operate food service facilities licenses qualified vendors. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Equipment and ancillary services _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> </table>	<i>Direct Placement</i>	<i>Supportive</i>	<input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input checked="" type="checkbox"/> Job Skills Training <input checked="" type="checkbox"/> Classroom Training <input checked="" type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input checked="" type="checkbox"/> Certification (Explain certification below) The program to operate food service facilities licenses qualified vendors. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Equipment and ancillary services _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<i>Direct Placement</i>	<i>Supportive</i>				
<input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input checked="" type="checkbox"/> Job Skills Training <input checked="" type="checkbox"/> Classroom Training <input checked="" type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input checked="" type="checkbox"/> Certification (Explain certification below) The program to operate food service facilities licenses qualified vendors. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Equipment and ancillary services _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____				

INFORMATION PAGE

2004-05

[illegible]

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: California Department of Rehabilitation Address: 2000 Evergreen Street Sacramento, CA 95815	2.	Contact Name: Richard Devylder Title: Deputy Director Phone: 916-263-8981 E-Mail: rdevylde@dor.ca.gov
3.	Program/Project Name: <u>California Assistive Technology Systems</u> <small>Type Program/Project Name Here</small> <input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>Assistive Technology Act of 1998 and 2004</u> <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> N/A
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> x Other (Please explain.) <u>AT also supports Independent Living of persons with disabilities which is essential to work and daily living.</u>	6.	Services Provided: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small> <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small> </div> <div style="width: 48%;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input checked="" type="checkbox"/> Assistive Technology <input checked="" type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input checked="" type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Information and Referral <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> </div>

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Assistive Technology Act of 1998 and 2004</u> <hr/> Funding Name <hr/> Name of Federal, State, or Private Fund Source <hr/>	8.	Funding Amount: \$ 657,838
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>Annual</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Annual <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) The Department of Rehabilitation receives the funds and distributes them based on goals set by grant to community partners in a competitive process.	12.	Population Served: <input checked="" type="checkbox"/> Youth w/d disabilities <input checked="" type="checkbox"/> Adults w/d disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <hr/> <hr/> <hr/> <input checked="" type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>California</u>
		15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) The Department of Rehabilitation is the lead and currently contract with the California Foundation for Independent Living Centers (CFILC) to serve as the AT hub. Services provided are Information & Referral and vendor information to purchase AT products through a website and hotline. Others involved include the 29 Independent Living Centers, community based organizations, universities and private sector. Further information is available at www.atnet.org or at voice: (800) 390-2966 TTY: (800) 900-0706		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.)		
18.	Form Completed By: DOR Date: 6.11.05		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Rehabilitation (DOR)</p> <p>Address: 2000 Evergreen Street Sacramento, CA 95815</p>	<p>2. Contact Name: Ben Harville</p> <p>Title: Chief</p> <p>Phone: 916-263-8949</p> <p>E-Mail: bfharvil@dor.ca.gov</p>				
<p>3. Program/Project Name: Independent Living</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; font-size: small;">Type Program/Project Name Here</p> <p>X State Program</p> <p>Grant-Funded Project</p>	<p>4. Authorizing Legislation: Federal Rehabilitation Act, Title VII (citation) State Welfare & Inst. Code 519800</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>X Federal State</p> <p><input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p>X Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Other (Please explain.)</p> <p><u>Independent Living programs</u></p>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><i>Direct Placement</i></th> <th style="text-align: left; border-bottom: 1px solid black;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top; border: none;"> <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small> </td> <td style="vertical-align: top; border: none;"> <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input checked="" type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input checked="" type="checkbox"/> Benefits Planning <input checked="" type="checkbox"/> Post-Placement Employer Education <input checked="" type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input checked="" type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Peer Counseling <input checked="" type="checkbox"/> Personal Assistance Services <input checked="" type="checkbox"/> Independence and system change advocacy </td> </tr> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> <p style="font-size: x-small;">(Use additional lines, as necessary.)</p>	<i>Direct Placement</i>	<i>Supportive</i>	<input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small>	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input checked="" type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input checked="" type="checkbox"/> Benefits Planning <input checked="" type="checkbox"/> Post-Placement Employer Education <input checked="" type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input checked="" type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Peer Counseling <input checked="" type="checkbox"/> Personal Assistance Services <input checked="" type="checkbox"/> Independence and system change advocacy
<i>Direct Placement</i>	<i>Supportive</i>				
<input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small>	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input checked="" type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input checked="" type="checkbox"/> Benefits Planning <input checked="" type="checkbox"/> Post-Placement Employer Education <input checked="" type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input checked="" type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> Peer Counseling <input checked="" type="checkbox"/> Personal Assistance Services <input checked="" type="checkbox"/> Independence and system change advocacy				

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Rehabilitation Act, Title VII, Social Security Reimbursements</u> Funding Name _____ Name of Federal, State, or Private Fund Source _____	8.	Funding Amount: \$ 14,000,000. _____
9.	Duration of Funds: Annually _____	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Annually <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Formula allocation to 29 Independent Living (IL) Centers and some Independent living funding awarded through competitive process.	12.	Population Served: <input checked="" type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>1. Significant disability- (self-identified)</u> <u>2. Can benefit from independent living services.</u> _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: <u>51,000</u> <input type="checkbox"/> N/A Planned # - Current Yr. <u>52,000</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Some Independent Living Centers have partner relationships with DOR to provide vocational rehabilitation services to VR consumers and also partnerships with other agencies to provide services for individuals with disabilities Some Independent Living Centers can provide accessibility consultation to One-Stop Career Centers.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) Locations and contact information for all 29 California Independent Living Centers is available at http://www.dor.ca.gov/ils		
18.	Form Completed By: DOR Date: <u>06/03/05</u>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Rehabilitation (DOR) Address: 2000 Evergreen Street Sacramento, CA 95828	2.	Contact Name: Erin Treadwell Title: Public Information Officer Phone: 916-263-8994 E-Mail: emtreadw@dor.ca.gov																																																						
3.	Program/Project Name: Vocational Rehabilitation Services Program <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: Workforce Investment Act of 1998, which reauthorizes the Rehabilitation Act of 1973 <hr/> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State </div> <div style="margin-top: 10px;"> <input type="checkbox"/> N/A </div>																																																						
5.	Primary Focus of Program/Project: <input checked="" type="checkbox"/> Direct Job Placement, or Job Preparation Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.) <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> <input type="checkbox"/> Other (Please explain.) <hr/>	6.	Services Provided: <table style="width: 100%; border: none;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td><input checked="" type="checkbox"/> Education (all levels)</td> <td><input checked="" type="checkbox"/> Transportation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Assessment</td> <td><input checked="" type="checkbox"/> Parking</td> </tr> <tr> <td><input checked="" type="checkbox"/> Indiv. Employment Plan</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input checked="" type="checkbox"/> Case Mgmt. 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<p>1. Organization Name: Department of Social Services</p> <p>Address: Office of Deaf Access 744 P Street MS 6-91 Sacramento, CA 95814</p>	<p>2. Contact Name: Karen Neilsen Title: Program Analyst Phone: 916-657-3457 E-Mail: Karen.neilsen@dss.ca.gov</p>				
<p>3. Program/Project Name:</p> <p><u>Deaf Access Program (DAP)</u> <small>Type Program/Project Name Here</small></p> <p><input checked="" type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation:</p> <p><u>W & I Codes, Sections 10550-10560</u> <u>W & I Codes, Sections 10620-10629</u> <u>Manual of Policies & Procedures, Chapter 65-100</u></p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small></p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <p><u>Provision of 7 mandated social services. State-created program that assures that public programs are adapted to meet the communication needs of deaf and hard of hearing children, adults, and families so they may receive the public benefits and services to which they are entitled and achieve economic independence and fully participate in mainstream society.</u></p> <p><input type="checkbox"/> Other (Please explain.)</p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. 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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Title XX federal funds; State general funds</u> Funding Name _____ Name of Federal, State, or Private Fund Source	8.	Funding Amount: Total \$ 6,300,000 <u>Federal</u> <u>\$</u> State \$ _____
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>Year to Year</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Indefinitely <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Competitive bid process resulting in contracts awarded to either public agencies or private non-profit corporations.	12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability <u>Deaf and Hard of Hearing</u> <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>There are no eligibility requirements for program participation.</u> _____ _____ <input checked="" type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide.</u>
		15.	<u>DAP contract agencies are funded to provide communication services, advocacy services, job development and placement, information and referral, counseling, independent living skills instruction, and community education. Local coordination with other employment education and health related services is encouraged.</u> # Served - Prior Yr.: <u>250,000</u> <input type="checkbox"/> N/A Planned # - Current Yr. <u>250,000</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Local employment, education, and health related agencies to provide services described above in section 6.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) This program is not appropriately funded to provide all the needed services to the deaf and hard of hearing individuals in California. Five years ago, the Program had eight central offices and 33 district offices throughout California to serve the deaf and hard of hearing population. Today, due to budget constraints, only the eight central offices and 16 district offices remain.		
18.	Form Completed By: <u>Karen Neilsen</u> <div style="text-align: right;"> Approved <u>6/10/05</u> Tom Lee Date: <u>09/14/04</u> </div>		

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<p>1. Organization Name: Department of Social Services</p> <p>Address: 744 P Street Sacramento, CA 95814</p>	<p>2. Contact Name: Joe Carlin Title: Asst. Deputy Director Phone: 916-657-2265 E-Mail:</p>				
<p>3. Program/Project Name: <u>In Home Supportive Services (IHSS)</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>Assembly Bill (AB) 925, Chapter 1088,</u> <u>Statutes of 2002</u></p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small></p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) _____ _____</p> <p><input type="checkbox"/> Other (Please explain.) _____ _____</p> <p> * IHSS in the Workplace Services provided include:</p> <ul style="list-style-type: none"> • Personal Hygiene • Feeding • Non-medical Personal Care Services • Paramedical 	<p>6. 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						2004-05
7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private State – State General Fund <u>Fed-Personal Care Services Program (PCSP)</u> Funding Name _____ <u>Block Grant Title XIX</u> Name of Federal, State, or Private Fund Source _____			8.	Funding Amount: Total \$ 3,123,628 <u>Federal</u> \$ 0 State \$1,021,434 County: \$ 47,708 Reimb. \$2,054,486	
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07-01-04 through 06-30-05</u>			10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? On-going <input type="checkbox"/> No	
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Funding is allocated to the counties and disbursed through CDSS Case Management, Information and Payrolling System (CMIPS) Warrants are drafted through the State Controller's Office to Providers.			12.	Population Served: <input checked="" type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A	
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Blind</u> <u>Aged</u> <u>Disabled</u>			14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide - All 58 Counties</u> Fiscal Year 2003-04 # Served - Prior Yr.: 330,622 <input type="checkbox"/> N/A Fiscal Year 2004-05 Planned # - Current Yr.: 361,852 <input type="checkbox"/> N/A	
	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., Dept. of Rehabilitation: Training One-Stop staff on Disability Law; Dept. of Education: Intake, and Assessment; Lighthouse for the Blind: Referral Services.) <u>County Welfare Departments:</u> Intake and Assessments <u>Public Authorities provide:</u> Provider Training					
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) CDSS is currently in the process of implementing a Quality Assurance initiative and the IHSS Plus Waiver. These two efforts when implemented will ensure the continuation of services to recipients and improve the quality of services as well as customer satisfaction.					
18.	<div style="text-align: right;">Approved 06/07/05 Tom Lee</div> Form Completed By: Adult Program Services Branch Date: 10/13/04					

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: California Department of Social Services, Services to the Blind Address: 744 P Street, M. S. 6-94 Sacramento, CA 95814	2.	Contact Name: Barbara Lucas Title: Program Coordinator Phone: (916) 657-2628 E-Mail: ADSAUser@dss.ca.gov
3.	Program/Project Name: <u>Assistance Dog Special Allowance</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: W & I Code Section 12553 - 12554 <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State </div> <input type="checkbox"/> N/A
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> <input checked="" type="checkbox"/> Other (Please explain.) <u>ADSA could be used to support the employment of people with disabilities by providing support to guide, signal, or support dogs used to meet the disability related needs of their owners.</u> <hr/> <hr/>	6.	Services Provided: <div style="display: flex;"> <div style="flex: 1;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small> <div style="border-top: 1px dashed black;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> <small>(Use additional lines, as necessary.)</small> </div> <div style="flex: 1;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input checked="" type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> </div>

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

7.	Source of Funds: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>General Funds</u> Funding Name	8.	Funding Amount: \$ _____
9.	Duration of Funds: mm/dd/yy through mm/dd/yy _____	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? <u>Need driven program.</u> <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Funds are provided to direct recipients by a state-operated program.	12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/d disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>1) Live in California 2) Is blind, deaf, hard of hearing, or disabled. 3) Uses the services of a trained guide, signal, or service dog. 4) Receives benefits from one or more of these programs: *SSI-Supplemental Security Income *SSP-State Supplementary Payment IHSS-In-Home Supportive Services SSDI-Social Security Disability Insurance (SSDI recipients must also meet federal poverty guidelines) *CAPI-Cash Assistance Program for Immigrants.</u> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.)		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) Comments Pro • The criteria for selection is restrictive Con • No waiting period for the assistance for the dog		
18.	Form Completed By: Barbara Lucas <div style="text-align: right;"> Approved....6/10/05....Tom Lee Date: _____ </div>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of Aging</p> <p>Address: 1600 K Street Sacramento, CA 95814</p>	<p>2. Contact Name: Johnna Meyer</p> <p>Title: Policy Manager</p> <p>Phone: 916-322-0788</p> <p>E-Mail: jmeyer@aging.ca.gov</p>		
<p>3. Program/Project Name:</p> <p>Senior Community Service Employment Program</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; font-size: small;">Type Program/Project Name Here</p> <p><input type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>Title V of the Older Americans Act of 1965, as amended and Public Law 89-73 passed in 1988 and reauthorized in 2000</u></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p><input checked="" type="checkbox"/> Federal <input type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>		
<p>5. Primary Focus of Program/Project:</p> <p><input checked="" type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p><input type="checkbox"/> Other (Please explain.)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input checked="" type="checkbox"/> Assessment</p> <p><input checked="" type="checkbox"/> Indiv. Employment Plan</p> <p><input checked="" type="checkbox"/> Case Mgmt. Svcs.</p> <p><input checked="" type="checkbox"/> Resume Writing</p> <p><input checked="" type="checkbox"/> Job Search</p> <p><input checked="" type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input checked="" type="checkbox"/> Classroom Training</p> <p><input checked="" type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input checked="" type="checkbox"/> Job Referral</p> <p><input checked="" type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input checked="" type="checkbox"/> Job Placement</p> <p><input checked="" type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification (Explain certification below)</p> <hr style="border-top: 1px dashed black; margin: 5px 0;"/> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p style="font-size: x-small;">(Use additional lines, as necessary.)</p> </td> <td style="vertical-align: top; width: 50%;"> <p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> </td> </tr> </table>	<p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input checked="" type="checkbox"/> Assessment</p> <p><input checked="" type="checkbox"/> Indiv. Employment Plan</p> <p><input checked="" type="checkbox"/> Case Mgmt. Svcs.</p> <p><input checked="" type="checkbox"/> Resume Writing</p> <p><input checked="" type="checkbox"/> Job Search</p> <p><input checked="" type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input checked="" type="checkbox"/> Classroom Training</p> <p><input checked="" type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input checked="" type="checkbox"/> Job Referral</p> <p><input checked="" type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input checked="" type="checkbox"/> Job Placement</p> <p><input checked="" type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification (Explain certification below)</p> <hr style="border-top: 1px dashed black; margin: 5px 0;"/> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p style="font-size: x-small;">(Use additional lines, as necessary.)</p>	<p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input checked="" type="checkbox"/> Assessment</p> <p><input checked="" type="checkbox"/> Indiv. Employment Plan</p> <p><input checked="" type="checkbox"/> Case Mgmt. Svcs.</p> <p><input checked="" type="checkbox"/> Resume Writing</p> <p><input checked="" type="checkbox"/> Job Search</p> <p><input checked="" type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input checked="" type="checkbox"/> Classroom Training</p> <p><input checked="" type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input checked="" type="checkbox"/> Job Referral</p> <p><input checked="" type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input checked="" type="checkbox"/> Job Placement</p> <p><input checked="" type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification (Explain certification below)</p> <hr style="border-top: 1px dashed black; margin: 5px 0;"/> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p style="font-size: x-small;">(Use additional lines, as necessary.)</p>	<p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>		

**STATE EMPLOYMENT-RELATED PROGRAMS
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INFORMATION PAGE**

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Older American Act</u> <small>Funding Name</small> <u>State General Fund</u> <small>Name of Federal, State, or Private Fund Source</small>	8.	Funding Amount: \$ \$9,551,488
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/04-6/30/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Annual <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) The Department of Labor allocates SCSEP participant slots by county to the State and selected National Contractors. Slot distribution is determined by census and income eligibility. Each slot is worth \$7,154 and the state has a total of 5,157 slots and CDA has 1,052.	12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>SCSEP participants must be residents of California, at least 55 years of age or older, be unemployed, have poor employment prospects, and have an income that does not exceed 125 percent of the federal poverty level.</u> _____ _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: FY 2003-04 <input type="checkbox"/> N/A 304 unsubsidized placements – 115% of CDA's unsubsidized placement goal. 1644 seniors served – 111% of the annual goal to serve 140% of authorized participant slots. Planned # - Current Yr. FY 2004-05 <input type="checkbox"/> N/A 263 unsubsidized placements 1472 seniors served (140% of CDA's authorized participant slots)

**STATE EMPLOYMENT-RELATED PROGRAMS
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16.	<p>Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u>: Training One-Stop staff on Disability Law; <u>Dept. of Education</u>: Intake, and Assessment; <u>Lighthouse for the Blind</u>: Referral Services.)</p> <p>CDA SCSEP staff have been active partners since the initial implementation of the WIA, representing the best interests of seniors during the transformation of California's workforce development system.</p> <p>CDA's SCSEPs (local projects) have also played an active role in the development of the One-Stop system and continue their involvement in the development of Memorandums of Understanding and collaboration/coordination plans in their communities throughout California. Many representatives serve on local WIBs.</p> <p><i>In addition, CDA's SCSEP Policy Manager is an ad-hoc member of the Senior Worker Advocate Council. SWAC seeks to increase employer awareness on the value of older workers and their contributions to California's economy.</i></p>
17.	<p>Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved? etc.)</p> <p>As outlined in the California Senior Employment Services Coordination Plan, CDA made four recommendations to the Secretary of Labor on actions that would help improve coordination efforts with the WIA.</p> <p>Highlights of the recommendations included:</p> <ul style="list-style-type: none"> • Provide specialized training and technical assistance to One Stop Career Center (OSCC) personnel on how to better serve the unique needs of this population. • Establish a higher federal poverty guideline threshold in documented high cost areas to ensure more individuals are eligible for the program. • Oversight and enforcement by DoL to ensure that all local partners of the WIA implement a Memorandum of Understanding defining each partner's roles and responsibilities to ensure this population is served. • As a mandated partner of the WIA, have the director of the State Unit on Aging appointed as a member of the State Workforce Investment Board to ensure appropriate representation of this population. <p>A full description of the State Plan, which includes background information and the full explanation of each recommendation, can be located at www.aging.ca.gov/html/whatsnew/cda_public_notices/2005_FINAL_CA_SES_State_Coordination_Plan_Addendum.pdf</p> <p>For more information, please contact Mary Pynn, Aging Programs Specialist at (916) 327-8329 or SCSEP Policy Manager at (916) 322-0788.</p>
18.	<p>Form Completed By: Meyer/Mary Pynn</p> <p style="text-align: right;">Date: 11/01/2004 Johnna</p> <p style="text-align: right;">Revised 6/13/05 Changes made from original FAX</p>

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Alcohol and Drug Programs Address: 1700 K Street Sacramento, CA 95814	2.	Contact Name: Michael Cunningham Title: Deputy Director Phone: 916-322-7012 E-Mail: mcunningham@adp.state.ca.us		
3.	Program/Project Name: <u>Safe and Drug Free Schools and Communities – Governor's Program</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>No Child Left Behind Act of 2001 Title IV-21st Century Schools, USC Section 7111 et seq.</u> <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> <input checked="" type="checkbox"/> Other (Please explain.) <u>Support programs and activities that prevent alcohol, drug, violence, and support communities and schools create safe, disciplined, and drug-free environments that support student academic achievement.</u>	6.	Services Provided: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small> </td> <td style="vertical-align: top;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input checked="" type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement </td> </tr> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small> </div>	Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small>	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input checked="" type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement
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FOR PEOPLE WITH DISABILITIES INFORMATION PAGE

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <hr/> Name of Federal, State, or Private Fund Source Safe and Drug Free Schools and Communities Act (SDFSCA) State Grant program, Governor's Program Funding Name		8.	Funding Amount: \$ FY 2005 award proposed to be \$10,548,582	
9.	Duration of Funds: mm/dd/yy through mm/dd/yy ADP receives an annual award in July. Funding available for 27 months. The 2005 award will be available from 07/01/05 through 12/31/07.		10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? <input checked="" type="checkbox"/> No As of 6/7/05, the President has proposed eliminating all SDFSC funding effective with the July 2006 award.	
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Competitive grant process. Counties were eligible applicants.		12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input checked="" type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A	
13.	Eligibility Requirements for People Seeking Program/Project Services: Children and youth who are not normally served by State or local educational agencies; or Populations that need special services or additional resources such as youth in juvenile detention facilities, runaway or homeless children and youth, pregnant and parenting teenagers, and school dropouts.		14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide: 35 counties currently</u>	
			15.	# Served - Prior Yr.: <u>not available</u> <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A	
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., Dept. of Rehabilitation: Training One-Stop staff on Disability Law; Dept. of Education: Intake, and Assessment; Lighthouse for the Blind: Referral Services.) <i>ADP is required to collaborate with CDE on the SDFSC grant. Locally, grantees funded through Governor's program are required to collaborate with local education agencies (LEAS), and vice versa.</i>				
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) <u>Works well:</u> <ul style="list-style-type: none"> Counties are utilizing a comprehensive planning, implementation, and evaluation approach for programs. Counties are utilizing evidence based and science based approaches in implementing their programs Technical assistance services are crucial to supporting program implementation. <u>Improvements:</u> <ul style="list-style-type: none"> Requiring that a percentage of funds be earmarked for evaluation. Providing a standard template for data collection and evaluation purposes. Simplifying the quarterly claim and reporting process to ease administrative burden for counties and State. 				
18.	Form Completed By: Betsy Sheldon, SSMI Date: <u>06/07/05</u> State Coordinator, Governor's Program, SDFSC				

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Alcohol and Drug Programs Address: 1700 K Street, Suite 419 Sacramento, CA 95814	2.	Contact Name: Fred Williams Title: ADA Coordinator Phone: 916-445-0643 E-Mail: fwilliams@adp.state.ca.us		
3.	Program/Project Name: <u>Substance Abuse Prevention and Treatment Block Grant</u> <small>Type Program/Project Name Here</small> <input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> <input checked="" type="checkbox"/> Other (Please explain.) <u>Planning, carrying out, and evaluating activities to prevent and treat substance abuse.</u> <hr/> <hr/>	6.	Services Provided: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. 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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: California Community Colleges Chancellor's Office</p> <p>Address: 1102 Q Street Sacramento, CA 95818</p>	<p>2. Contact Name: Scott Hamilton</p> <p>Title: DSP&S Coordinator</p> <p>Phone: 916-327-5892</p> <p>E-Mail: shamilto@cccco.edu</p>				
<p>3. Program/Project Name:</p> <p><u>Disabled Students Programs & Services</u> Type Program/Project Name Here</p> <p><input checked="" type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation:</p> <p><u>AB 77 (Lanterman, 1976)</u></p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.)</p> <hr/> <p><input checked="" type="checkbox"/> Other (Please explain.) <i>Accommodations, services, and instruction to provide students with disabilities equal access to the college's educational opportunities.</i></p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Education (all levels) <input checked="" type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input checked="" type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input checked="" type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. 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**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Community Services and Development Address: 700 N. Tenth Street, Rm. 258 P.O. Box 1947 Sacramento, CA 95814	2.	Contact Name: Jason Wimbley Title: Program Manager Phone: 916-341-4200 916-341-4203 (fax) E-Mail: jwimbley@csd.ca.gov		
3.	Program/Project Name: <i>Low-Income Home Energy Assistance Program (LIHEAP)</i> <small>Type Program/Project Name Here</small> <input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>42 USC 8621 et seq.</u> <u>Government Code 16366.1 – 16367.8</u> <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. <input checked="" type="checkbox"/> Other (Please explain.) Provide financial assistance to low-income persons to help offset the costs of heating/cooling their home, and install weatherization measures to increase the energy efficiency of their home.	6.	Services Provided: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small> <div style="border-top: 1px dashed black;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> <small>(Use additional lines, as necessary.)</small> </td> <td style="vertical-align: top;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input checked="" type="checkbox"/> Consumer/Credit Counseling <input checked="" type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> </table>	Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small> <div style="border-top: 1px dashed black;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> <small>(Use additional lines, as necessary.)</small>	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input checked="" type="checkbox"/> Consumer/Credit Counseling <input checked="" type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small> <div style="border-top: 1px dashed black;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> <small>(Use additional lines, as necessary.)</small>	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input checked="" type="checkbox"/> Consumer/Credit Counseling <input checked="" type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____				

**STATE EMPLOYMENT-RELATED PROGRAMS
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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Low-Income Home Energy Assistance (LIHEAP)</u> <u>Block Grant</u> Funding Name <u>U.S. Department of Health and Human Services</u> Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ <u>80,598,969</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>1/1/04 through 12/31/04</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? <u>Continuing</u> <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Via an allocation formula to a network of local service providers	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Household income must be at or below 60% of the State median income</u> _____ _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: <u>220,094</u> <input type="checkbox"/> N/A Planned # - Current Yr. <u>242,644</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) A network of local community-based non-profit and governmental organizations provide financial assistance to low-income households to help offset the costs of heating and/or cooling their home, and/or install weatherization measures to increase the energy efficiency of their home.		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.) 		
18.	Form Completed By: _____ Date: _____		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Community Services and Development Address: 700 N. Tenth Street, Rm. 258 P.O. Box 1947 Sacramento, CA 95814	2.	Contact Name: Jason Wimbley Title: Program Manager Phone: 916-341-4200 916-341-4203 (fax) E-Mail: jwimbley@csd.ca.gov		
3.	Program/Project Name: <i>Department of Energy Weatherization Assistance Program (DOE-WAP)</i> Type Program/Project Name Here <input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>42 USC 6861 et seq.</u> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State </div> <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.) <input type="checkbox"/> Research; Planning; Coordination, etc. <input checked="" type="checkbox"/> Other (Please explain.) <i>Install weatherization measures that increase the energy efficiency of dwellings occupied by low-income persons</i>	6.	Services Provided: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below) </td> <td style="vertical-align: top;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input checked="" type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement </td> </tr> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.) </div>	Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below)	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input checked="" type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement
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**STATE EMPLOYMENT-RELATED PROGRAMS
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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Weatherization Assistance Program</u> Funding Name <u>U.S. Department of Energy</u> Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ <u>6,295,195</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>1/1/04 through 12/31/04</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? <u>Continuing</u> <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Via an allocation formula to a network of local service providers	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Household income must be at or below 60% of the State median income</u> _____ _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: <u>4,147</u> <input type="checkbox"/> N/A Planned # - Current Yr. <u>3,863</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) A network of local community-based non-profit and governmental organizations provide installation of weatherization measures that increase the energy efficiency of dwellings occupied by low-income persons, thereby reducing their energy costs, while safeguarding their health and safety.		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.) 		
18.	Form Completed By: _____ Date: _____		

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INFORMATION PAGE**

2004-05

1.	Organization Name: Department of Community Services and Development Address: 700 N. Tenth Street, Rm. 258 P.O. Box 1947 Sacramento, CA 95814	2.	Contact Name: Pamela Harrison Title: Program Manager Phone: 916-341-4200 916-341-4203 (fax) E-Mail: pharrison@csd.ca.gov		
3.	Program/Project Name: <u>Community Services Block Grant (CSBG) Program</u> Type Program/Project Name Here <input type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>42 USC 9901 et seq.</u> <u>Government Code 12725 - 12790</u> <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.) <input type="checkbox"/> Research; Planning; Coordination, etc. <input checked="" type="checkbox"/> Other (Please explain.) <u>Provide a range of services to help low-income people attain the skills, knowledge, and motivation necessary to achieve self-sufficiency.</u>	6.	Services Provided: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input checked="" type="checkbox"/> Case Mgmt. Svcs. <input checked="" type="checkbox"/> Resume Writing <input checked="" type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input checked="" type="checkbox"/> Employability Skills <input checked="" type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input checked="" type="checkbox"/> Job Development <input checked="" type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.) </td> <td style="vertical-align: top;"> Supportive <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input checked="" type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input checked="" type="checkbox"/> Mental Health Svcs. <input checked="" type="checkbox"/> Alcohol/Drug Treatment <input checked="" type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> <u>Services vary by agency</u> <input type="checkbox"/> _____ </td> </tr> </table>	Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input checked="" type="checkbox"/> Case Mgmt. Svcs. <input checked="" type="checkbox"/> Resume Writing <input checked="" type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input checked="" type="checkbox"/> Employability Skills <input checked="" type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input checked="" type="checkbox"/> Job Development <input checked="" type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.)	Supportive <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input checked="" type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input checked="" type="checkbox"/> Mental Health Svcs. <input checked="" type="checkbox"/> Alcohol/Drug Treatment <input checked="" type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> <u>Services vary by agency</u> <input type="checkbox"/> _____
Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input checked="" type="checkbox"/> Case Mgmt. Svcs. <input checked="" type="checkbox"/> Resume Writing <input checked="" type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input checked="" type="checkbox"/> Employability Skills <input checked="" type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input checked="" type="checkbox"/> Job Development <input checked="" type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ (Use additional lines, as necessary.)	Supportive <input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input checked="" type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input checked="" type="checkbox"/> Mental Health Svcs. <input checked="" type="checkbox"/> Alcohol/Drug Treatment <input checked="" type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <input checked="" type="checkbox"/> <u>Services vary by agency</u> <input type="checkbox"/> _____				

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>Community Services Block Grant (CSBG)</u> <small>Funding Name</small> <u>U.S. Department of Health and Human Services</u> <small>Name of Federal, State, or Private Fund Source</small>	8.	Funding Amount: \$ <u>56,961,997</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>1/1/04 through 12/31/04</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? <u>Continuing</u> <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Funds are allocated to a network of local service providers based on the percentage of the State's low-income population (100% of the federal poverty level) residing in each service area.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Income must be at or below 100% of the federal income guidelines</u> _____ _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: <u>1,686,801</u> <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input checked="" type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Provide a range of services through a network of local community-based non-profit and governmental organizations to help low-income people attain the skills, knowledge, and motivation necessary to achieve self-sufficiency.		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.) 		
18.	Form Completed By: _____ Date: _____		

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2004-05

1.	Organization Name: Department of Fair Employment and Housing Address: 2218 Kausen Drive, Suite 100 Elk Grove, CA 95758	2.	Contact Name: Suzanne M. Ambrose Title: Director Phone: 916-478-7251 E-Mail:		
3.	Program/Project Name: <u>Administration of Civil Rights Law</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>California Fair Employment and Housing Act, Government Code section 12900, et. Seq.; the Unruh Civil Rights Act, Civil Code section 51, et. Seq.; and the Ralph Civil Rights Act, Civil Code section 51.7</u> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services <input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. <input checked="" type="checkbox"/> Other (Please explain.) <u>Civil Rights Enforcement</u> <hr/> <hr/> <hr/>	6.	Services Provided: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small> </td> <td style="vertical-align: top;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input checked="" type="checkbox"/> Civil Rights Enforcement/Advocacy </td> </tr> </table> <input type="checkbox"/> <u>Outreach</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small>	Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small>	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input checked="" type="checkbox"/> Civil Rights Enforcement/Advocacy
Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small>	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input checked="" type="checkbox"/> Civil Rights Enforcement/Advocacy				

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Federal Trust Fund & State General Fund</u> <hr/> Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ 18,696,000 Total \$ 13,500,000 State \$ 5,196,000 Federal
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>07/01/04 through 06/30/05</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Indefinite _____ <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) <input checked="" type="checkbox"/> N/A	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input checked="" type="checkbox"/> General Population, including those with Disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Persons with physical and mental disabilities and medical conditions as specified in the FEHA, the Unruh Civil Rights Act and the Ralph Civil Rights Act.</u> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide-with direct client services provided at 9 Regional Offices</u>
		15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) US Equal Employment Opportunity Commission and the US Department of Housing and Urban Development, and various organizations, including, but not limited to, public and private sector employers, housing providers, business establishments, community-based organizations, and other stakeholders.		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.)		
18.	<div> <div>Revised by Suzanne Ambrose, Director 06/14/05</div> <div> Form Completed By: Janet Supriano, based on information provided in the State Budget and by DFEH last year. Date: 09/23/04 </div> </div>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of General Services</p> <p>Address: Division of the State Architect 1102 Q Street, Suite 5100 Sacramento, CA 95814</p>	<p>2. Contact Name: Michael Mankin Title: Supervising Architect Phone: 916-445-8100 E-Mail: michael.mankin@dgs.ca.gov</p>		
<p>3. Program/Project Name: <u>Universal Design</u> <small>Type Program/Project Name Here</small></p> <p><input checked="" type="checkbox"/> State Program – Fee Based. Not general fund</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>Government Code Sections 4450 – 4461 et seq</u></p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>		
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small></p> <p><input type="checkbox"/> Research; Planning; Coordination, etc.</p> <p><input checked="" type="checkbox"/> Other (Please explain.)</p> <p><u>Architectural regulations for California Building Code and people with disabilities</u></p> <p>_____</p> <p>_____</p>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><i>Direct Placement</i></p> <p><input type="checkbox"/> Special Ed</p> <p><input type="checkbox"/> Voc. Rehabilitation</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employmt. Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Employability Skills</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Supportive Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Follow-up Services</p> <p><input type="checkbox"/> Certification <small>(Explain below)</small></p> <p>-----</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small></p> </td> <td style="vertical-align: top; width: 50%;"> <p><i>Supportive</i></p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input checked="" type="checkbox"/> Employer Education</p> <p><input checked="" type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Disability Prevention</p> <p><input checked="" type="checkbox"/> Civil Rights Enforcement</p> <p><input checked="" type="checkbox"/> Rulemaking – accessibility development training for architects</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> </td> </tr> </table>	<p><i>Direct Placement</i></p> <p><input type="checkbox"/> Special Ed</p> <p><input type="checkbox"/> Voc. Rehabilitation</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employmt. Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Employability Skills</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Supportive Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Follow-up Services</p> <p><input type="checkbox"/> Certification <small>(Explain below)</small></p> <p>-----</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small></p>	<p><i>Supportive</i></p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input checked="" type="checkbox"/> Employer Education</p> <p><input checked="" type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Disability Prevention</p> <p><input checked="" type="checkbox"/> Civil Rights Enforcement</p> <p><input checked="" type="checkbox"/> Rulemaking – accessibility development training for architects</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p><i>Direct Placement</i></p> <p><input type="checkbox"/> Special Ed</p> <p><input type="checkbox"/> Voc. Rehabilitation</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employmt. Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Employability Skills</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Supportive Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Follow-up Services</p> <p><input type="checkbox"/> Certification <small>(Explain below)</small></p> <p>-----</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small></p>	<p><i>Supportive</i></p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input checked="" type="checkbox"/> Employer Education</p> <p><input checked="" type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Disability Prevention</p> <p><input checked="" type="checkbox"/> Civil Rights Enforcement</p> <p><input checked="" type="checkbox"/> Rulemaking – accessibility development training for architects</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

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7.	Source of Funds: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Access account</u> <u>Funding Name</u> <u>Separate from the General Fund professional fees</u> <u>Name of Federal, State, or Private Fund Source</u>	8.	Funding Amount: <u>\$ 6,646,000</u>
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>Continuous funding & appropriation</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Continuous _____ <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Funding is for continuous operation and maintenance of the code	12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input checked="" type="checkbox"/> General Population, including those with disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Architects</u> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: <u>600</u> <input type="checkbox"/> N/A Planned # - Current Yr. <u>600</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) <u>California Building Officials</u> : Training and Collaboration <u>Department of Rehabilitation</u> : Training on disability law <u>Department of Education</u> : Coordination with funding of school construction <u>Organizations representing people with disabilities</u> : Collaboration in rulemaking		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.) Stronger Interagency ties with partners in Government		
18.	<u>Approved 06/07/05 Michael Mankin</u> Form Completed By: Michael Mankin, Supervising Architect Date: <u>9-28-04</u>		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of General Services</p> <p>Address: Procurement Division 707 Third Street West Sacramento, CA 95605</p>	<p>2. Contact Name: Sharon DuBose Title: Analyst Phone: 916-375-4463 916-375-4613 (fax) E-Mail: Sharon.dubose@dgs.ca.gov</p>				
<p>3. Program/Project Name:</p> <p><u>State Price Schedule of Adaptive Equipment and Services for Persons with Disabilities</u> Type Program/Project Name Here</p> <p><input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation:</p> <p><u>Public Contract Code (PCC) Sections 12100.7(e) and 12101.5(b)</u></p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A</p>				
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc.</p> <p><input checked="" type="checkbox"/> Other (Please explain.)</p> <p><u>The State Price Schedule (SPS) provides State departments and agencies with a means of acquiring employment-related adaptive equipment and services for State employees and clients of the Dept of Rehabilitation.</u></p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <th style="text-align: left;"><i>Direct Placement</i></th> <th style="text-align: left;"><i>Supportive</i></th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmnt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below) Other _____ <input checked="" type="checkbox"/> Facilitating the purchase of adaptive equipment and services for State employees and clients of DOR. (Use additional lines, as necessary.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement </td> </tr> </table>	<i>Direct Placement</i>	<i>Supportive</i>	<input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmnt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below) Other _____ <input checked="" type="checkbox"/> Facilitating the purchase of adaptive equipment and services for State employees and clients of DOR. (Use additional lines, as necessary.)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement
<i>Direct Placement</i>	<i>Supportive</i>				
<input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmnt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification (Explain below) Other _____ <input checked="" type="checkbox"/> Facilitating the purchase of adaptive equipment and services for State employees and clients of DOR. (Use additional lines, as necessary.)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement				

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

7.	Source of Funds: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private _____ Funding Name _____ Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ _____
9.	Duration of Funds: mm/dd/yy through mm/dd/yy _____	10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? _____ <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.)	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Eligibility requirements determined by the State departments or agencies that use the SPS.</u> <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. _____ <input checked="" type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.)		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.) The purpose of the acquisitions placed through this State Price Schedule (SPS) is to acquire adaptive equipment and services to meet the unique needs of State employees with disabilities and clients of the California Department of Rehabilitation. This SPS contract provides State departments and agencies with a pool of qualified suppliers who provide the very specialized products and services designed for persons with disabilities and the ability to apply value-effective selection criteria, such as product availability, technical expertise, maintenance service, and price, when choosing a supplier to meet the agency's purchasing requirements. The SPS lists suppliers by type of disability served and provides a synopsis of products and services offered by each supplier. The SPS for Adaptive Equipment and Services for Persons with Disabilities is available on the Department of General Services, Procurement Division Internet web page at http://www.pd.dgs.ca.gov/pricesched/adaptive.htm .		
18.	Form Completed By: Sharon DuBose _____ Date: 06/03/05 _____		

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

<p>1. Organization Name: Department of General Services</p> <p>Address: 707 Third Street West Sacramento, CA 95605</p>	<p>2. Contact Name: Mariel Dennis Title: Chief, SB/DVBE Services Branch (Small Business/Disabled Veterans Business Enterprise) Phone: 916-375-4945 E-Mail: Mariel.dennis@dgs.ca.gov</p>		
<p>3. Program/Project Name: <u>Small Business and Disabled Veteran Business Enterprise Certification</u> Type Program/Project Name Here</p> <p><input checked="" type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>Government Code § 14837 and 14843; Military and Veterans Code § 999.</u></p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>		
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services</p> <p><input type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed (e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</p> <p><input type="checkbox"/> Research; Planning; Coordination, etc.</p> <p><input checked="" type="checkbox"/> Other (Please explain.)</p> <p><u>DVBE is an aspect of Economic Development with the State of California—specific to government contracting. This program certifies eligible businesses and encourages their participation and use in State government contracting.</u></p> <p><u>Indirectly, this program contributes to the retention of self-employment for veterans with disabilities.</u></p>	<p>6. Services Provided:</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p><i>Direct Placement</i></p> <p><input type="checkbox"/> Special Ed</p> <p><input type="checkbox"/> Voc. Rehabilitation</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Individ. Emplmt. Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Employability Skills</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Supportive Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Follow-up Services</p> <p><input checked="" type="checkbox"/> Certification (Explain below)</p> <p>Certification that applicants meet the eligibility requirements to compete for government contracting dollars under the State's 3% DVBE Participation Program.</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>(Use additional lines, as necessary.)</p> </td> <td style="vertical-align: top;"> <p><i>Supportive</i></p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Disability Prevention</p> </td> </tr> </table> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____</p>	<p><i>Direct Placement</i></p> <p><input type="checkbox"/> Special Ed</p> <p><input type="checkbox"/> Voc. Rehabilitation</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Individ. Emplmt. Plan</p> <p><input type="checkbox"/> Case Mgmt. 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**STATE EMPLOYMENT-RELATED PROGRAMS
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7.	Source of Funds: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private _____ Funding Name _____ Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ _____
9.	Duration of Funds: mm/dd/yy through mm/dd/yy N/A _____	10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? N/A <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) N/A	12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: _____ _____ _____ <input checked="" type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) _____
		15.	# Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. _____ <input checked="" type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) N/A		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.) N/A		
18.	Form Completed By: Patricia Connors, Education and Outreach Manager _____		
	Date: <u>06/10/05</u>		

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1.	Organization Name: Department of Housing and Community Development Address: 1800 Third Street P.O. Box 952050 Sacramento, CA 94252-2050	2.	Contact Name: Mike Greenlaw Title: Manager Phone: 916-327-3630 E-Mail: mgreenlaw@hcd.ca.gov		
3.	Program/Project Name: <u>Multifamily Housing Program – Supportive Housing Component</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>SB 1227</u> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, or Job Preparation Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) <hr/> <input checked="" type="checkbox"/> Other (Please explain.) <u>Development of affordable rental Housing for disabled adults who are homeless or at risk of becoming homeless</u> <hr/>	6.	Services Provided: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Employment Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Essential Employability Skills <input type="checkbox"/> Voc Rehab <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employer Outreach & Education <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Misc. Supports while Receiving Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Retention Services <input type="checkbox"/> Certification <small>(Explain certification below)</small> <hr style="border-top: 1px dashed black;"/> <input checked="" type="checkbox"/> Development Funding <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small> </td> <td style="vertical-align: top;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Job Coach <input type="checkbox"/> IHSS in Workplace <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Post-Placement Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Civil Rights Enforcement <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> </table>	Direct Placement <input type="checkbox"/> Education (all levels) <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. 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7.	Source of Funds: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Multifamily Housing Program – Supportive Housing Component</u> Funding Name <u>Bond sales</u> Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ <u>Determined on a per-project basis.</u> <u>\$7,000,000 maximum per project.</u>
9.	Duration of Funds: <u>Until exhausted – Approximately \$118 million remains</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? Until remaining \$118 million is awarded. <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Competitive process for qualifying entities.	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Developers must qualify under requirements specified in regulations.</u> _____ _____ _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Individual, joint venture, partnership, limited partnership, trust, corporation, limited liability corporation, local public entity, duly constituted governing body of an Indian reservation or rancheria, or other legal entity, or any combination thereof which meets the program experience requirements.		
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.)		
18.	Form Completed By: Mike Greenlaw Date: <u>10/1/04</u>		

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1.	Organization Name: Department of Housing and Community Development Address: 1800 Third Street P.O. Box 952050 Sacramento, CA 94252-2050	2.	Contact Name: Peter Solomon Title: Program Manager Phone: 916-445-3086 E-Mail: psolomon@hcd.ca.gov		
3.	Program/Project Name: <u>Exterior Accessibility Grants for Renters</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>Housing and Emergency Shelter Trust Fund Act of 2002</u> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. <input type="checkbox"/> Other (Please explain.) <hr/> <hr/> <hr/>	6.	Services Provided: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small> <hr/><hr/><hr/> <small>(Use additional lines, as necessary.)</small> </td> <td style="vertical-align: top;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <hr/><hr/><hr/> </td> </tr> </table>	Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small> <hr/> <hr/> <hr/> <small>(Use additional lines, as necessary.)</small>	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <hr/> <hr/> <hr/>
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7.	Source of Funds: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private <u>Sale of general obligation bonds authorized</u> <u>by the passage of Prop. 46</u> <u>Name of Federal, State, or Private Fund Source</u>	8.	Funding Amount: \$ 4,750,000
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>05/26/2004 – 05/26/2006</u>	10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? _____ <input checked="" type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Cities, counties and nonprofits with experience operating housing rehab programs can apply as funds are available	12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input checked="" type="checkbox"/> Low Income, with disabilities. <input type="checkbox"/> General Population, including those with Disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: _____ _____ _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide</u>
		15.	# Served - Prior Yr.: _____ <input checked="" type="checkbox"/> N/A Planned # - Current Yr. <u>475</u> <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) None		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.) The program has awarded all available funds to 16 agencies across the state. The awardees are setting up their local programs to provide the exterior accessibility improvements. The one serious stumbling block we have encountered is the requirement to pay state prevailing wages on the individual improvements to the rental properties. The scope of the individual projects will probably average \$5,000 per unit. The requirement to pay state prevailing wage is a serious hardship. We expect the local programs will be successful, nonetheless.		
18.	Form Completed By: <u>Peter Solomon</u> Date: <u>9/29/04</u>		

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1.	Organization Name: Department of Motor Vehicles Address: 2120 Broadway Sacramento, CA 95818	2.	Contact Name: Title: Customer Services Branch Phone: 916-657-7508 E-Mail:
3.	Program/Project Name: <u>Disabled Parking Placards</u> <small>Type Program/Project Name Here</small> Type: <input checked="" type="checkbox"/> Program <input type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State </div> <input type="checkbox"/> N/A
5.	Primary Focus of Program/Project: <input type="checkbox"/> Direct Job Placement or Job Readiness Services <input checked="" type="checkbox"/> Supportive of Job Placement and Retention Services <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. <input type="checkbox"/> Other (Please explain.) <hr/> <hr/> <hr/>	6.	Services Provided: <div style="display: flex;"> <div style="flex: 1;"> Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Certification <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> <div style="flex: 1;"> Supportive <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> </div>

(Add more lines, as necessary.)

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
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7.	Source of Funds: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private _____ <small>Name of Federal, State, or Private Organization</small>	8.	Funding Amount: \$ _____
9.	Duration of Funds: mm/dd/yy through mm/dd/yy _____	10.	Anticipate Future Funding? <input type="checkbox"/> Yes For how long? _____ <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.)	12.	Population Served: (Specify disability(s), if applicable.) <input checked="" type="checkbox"/> Youth <input checked="" type="checkbox"/> Adult <input type="checkbox"/> By Disability Specifics:
13.	Eligibility Requirements for People Seeking Program/Project Services: <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) # Served - Prior Yr.: _____ <input type="checkbox"/> N/A 15. Planned # Served -- Current Yr. _____ <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.)		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.)		
18.	Form Completed By: _____ Date: _____		

**STATE EMPLOYMENT-RELATED PROGRAMS
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<p>1. Organization Name: Department of Transportation</p> <p>Address: Specialized Federal Transit Branch P.O. Box 942874 Sacramento, CA 94274-0001</p>	<p>2. Contact Name: Marianne Arenas</p> <p>Title: Associate Transportation Planner</p> <p>Phone: 916-654-9775</p> <p>E-Mail: Marianne_Arenas@dot.ca.gov</p>		
<p>3. Program/Project Name: <u>FTS, Section 5310</u> <small>Type Program/Project Name Here</small></p> <p><input checked="" type="checkbox"/> State Program</p> <p><input type="checkbox"/> Grant-Funded Project</p>	<p>4. Authorizing Legislation: <u>49 U.S.C. Section 5310</u></p> <p><input checked="" type="checkbox"/> Federal <input type="checkbox"/> State</p> <p><input type="checkbox"/> N/A</p>		
<p>5. Primary Focus of Program/Project:</p> <p><input type="checkbox"/> Direct Job Placement, or Job Preparation Services</p> <p><input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g.; child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small></p> <p><input type="checkbox"/> Research; Planning; Coordination, etc. (Please explain.) _____ _____</p> <p><input type="checkbox"/> Other (Please explain.) _____ _____</p>	<p>6. Services Provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification <small>(Explain certification below)</small></p> <p>-----</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><small>(Use additional lines, as necessary.)</small></p> </td> <td style="vertical-align: top; width: 50%;"> <p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> </td> </tr> </table>	<p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification <small>(Explain certification below)</small></p> <p>-----</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><small>(Use additional lines, as necessary.)</small></p>	<p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p>Direct Placement</p> <p><input type="checkbox"/> Education (all levels)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Indiv. Employment Plan</p> <p><input type="checkbox"/> Case Mgmt. Svcs.</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Job Club</p> <p><input type="checkbox"/> Essential Employability Skills</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Job Skills Training</p> <p><input type="checkbox"/> Classroom Training</p> <p><input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Employer Outreach & Education</p> <p><input type="checkbox"/> Job Development</p> <p><input type="checkbox"/> Job Referral</p> <p><input type="checkbox"/> Employer Outreach</p> <p><input type="checkbox"/> Misc. Supports while Receiving Services</p> <p><input type="checkbox"/> Job Placement</p> <p><input type="checkbox"/> Retention Services</p> <p><input type="checkbox"/> Certification <small>(Explain certification below)</small></p> <p>-----</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><small>(Use additional lines, as necessary.)</small></p>	<p>Supportive</p> <p><input checked="" type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Physical Rehab</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Mental Health Svcs.</p> <p><input type="checkbox"/> Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Alcohol/Drug Prevention</p> <p><input type="checkbox"/> Assistive Technology</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> Job Coach</p> <p><input type="checkbox"/> IHSS in Workplace</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Post-Placement Employer Education</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Consumer/Credit Counseling</p> <p><input type="checkbox"/> Energy/Utilities Assistance</p> <p><input type="checkbox"/> Workplace Safety</p> <p><input type="checkbox"/> Independent Living Skills</p> <p><input type="checkbox"/> Civil Rights Enforcement</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>		

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <u>FTA, Section 5310 (80%) Local Match (20%)</u> Funding Name <u>US Department of Transportation Grantee</u> Name of Federal, State, or Private Fund Source			8.	Funding Amount: \$ <u>9,456,317</u>	
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>10/1/04 through 9/30/05</u>			10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? <u>Indefinite</u> <input type="checkbox"/> No	
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Competitive process to private non-profits and public agencies			12.	Population Served: <input type="checkbox"/> Youth w/disabilities <input checked="" type="checkbox"/> Adults w/disabilities <input type="checkbox"/> By Disability (Specify disability type) _____ <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities. <input type="checkbox"/> N/A	
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Elderly or people with disabilities where existing transportation services are not available or accessible.</u> _____ <input type="checkbox"/> N/A			14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>Statewide- approx. 140 agencies per year</u>	
				15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A	
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) Private non-profit organizations: Transporting individuals Local public agencies: Transporting individuals Public agencies: Transporting individuals Metropolitan Planning Organizations: Transportation planning services Regional Transportation Agencies: Transporting individuals					
17.	Additional Information or Comments on the Program/Project: (Pros-Cons; What is Working Well, How Could the Program Be Improved?, etc.) This is a federally mandated program and provides capital for equipment, i.e., busses and vans.					
18.	Form Completed By: Marianne Arenas Date: 09/15/04					

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

2004-05

1.	Organization Name: State Council on Developmental Disabilities Address: 1507 21st Street, Suite 210 Sacramento, California 95814	2.	Contact Name: Janet Eaton Title: Planning and Program Specialist Phone: 916-322-8481 916-443-4957 (fax) E-Mail: janet.eaton@scdd.ca.gov		
3.	Program/Project Name: <u>Community Program Development Grants</u> <small>Type Program/Project Name Here</small> <input checked="" type="checkbox"/> State Program <input checked="" type="checkbox"/> Grant-Funded Project	4.	Authorizing Legislation: <u>State Lanterman Act and Federal DD Act</u> <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> N/A		
5.	Primary Focus of Program/Project: <input checked="" type="checkbox"/> Direct Job Placement, Job Readiness, or Job Retention Services <input checked="" type="checkbox"/> Services that Support the Ability to Seek and Accept Job Placement and Remain Employed <small>(e.g., child care, benefits planning, healthcare, transportation, housing, workplace accommodations etc.)</small> <input type="checkbox"/> Research; Planning; Coordination, etc. <input checked="" type="checkbox"/> Other (Please explain.) <u>The types of programs eligible for these grants vary from year to year. They can include any of a variety of the topics named above</u> <hr/> <hr/> <hr/>	6.	Services Provided: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small> </td> <td style="vertical-align: top;"> Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement </td> </tr> </table> <input checked="" type="checkbox"/> Varies by project _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <small>(Use additional lines, as necessary.)</small>	Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small>	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement
Direct Placement <input type="checkbox"/> Special Ed <input type="checkbox"/> Voc. Rehabilitation <input type="checkbox"/> Assessment <input type="checkbox"/> Indiv. Emplmt. Plan <input type="checkbox"/> Case Mgmt. Svcs. <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Employability Skills <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Classroom Training <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Job Development <input type="checkbox"/> Job Referral <input type="checkbox"/> Employer Outreach <input type="checkbox"/> Supportive Services <input type="checkbox"/> Job Placement <input type="checkbox"/> Follow-up Services <input type="checkbox"/> Certification <small>(Explain below)</small>	Supportive <input type="checkbox"/> Transportation <input type="checkbox"/> Parking <input type="checkbox"/> Housing <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Rehab <input type="checkbox"/> Health Benefits <input type="checkbox"/> Mental Health Svcs. <input type="checkbox"/> Alcohol/Drug Treatment <input type="checkbox"/> Alcohol/Drug Prevention <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Accommodations <input type="checkbox"/> Benefits Planning <input type="checkbox"/> Employer Education <input type="checkbox"/> Staff Training <input type="checkbox"/> Consumer/Credit Counseling <input type="checkbox"/> Energy/Utilities Assistance <input type="checkbox"/> Disability Prevention <input type="checkbox"/> Civil Rights Enforcement				

**STATE EMPLOYMENT-RELATED PROGRAMS
FOR PEOPLE WITH DISABILITIES
INFORMATION PAGE**

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7.	Source of Funds: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private _____ Funding Name _____ Name of Federal, State, or Private Fund Source	8.	Funding Amount: \$ 303,403 in 2004-2005 (2 grantees)
9.	Duration of Funds: mm/dd/yy through mm/dd/yy <u>variable</u>	10.	Anticipate Future Funding? <input checked="" type="checkbox"/> Yes For how long? _____ <input type="checkbox"/> No
11.	How And To Whom Are Funds Disbursed For Use? (e.g., formula allocation to counties, competitive process to local non-profits, etc.) Disbursed through competitive process to public and private organizations serving people with developmental disabilities.	12.	Population Served: <input type="checkbox"/> Youth w/d disabilities <input type="checkbox"/> Adults w/disabilities <input checked="" type="checkbox"/> By Disability (Specify disability type) <u>Developmental Disabilities</u> <input type="checkbox"/> Low Income, including those with disabilities. <input type="checkbox"/> General Population, including those with Disabilities.
13.	Eligibility Requirements for People Seeking Program/Project Services: <u>Varies based on grant project</u> _____ _____ <input type="checkbox"/> N/A	14.	Geographical Area Served: (Statewide, County/City/Zip Codes Served) <u>varies</u> _____
		15.	# Served - Prior Yr.: _____ <input type="checkbox"/> N/A Planned # - Current Yr. _____ <input type="checkbox"/> N/A
16.	Partnerships and Responsibilities Of Each Partner: (State/Local Agencies; Community/Faith-Based Organizations-- e.g., <u>Dept. of Rehabilitation</u> : Training One-Stop staff on Disability Law; <u>Dept. of Education</u> : Intake, and Assessment; <u>Lighthouse for the Blind</u> : Referral Services.) An important component of the systemic changes and improvements resulting from these grants, besides the immediate funding that allows the creation or expansion of services, is the applicant's commitment to securing ongoing funding. The federal government requires grantees to track and evaluate consumer satisfaction with Council funded projects.		
17.	Comments on the Program/Project: (Pros-Cons; What is Working Well, Suggestions for Improvements, etc.) As part of the California State Council on Developmental Disabilities (SCDD) State Plan, the Council's Community Program Development Grants (CPDG) provide funding for new approaches to serving Californians with Developmental Disabilities that are part of an overall strategy for systemic change. Each year the Council selects objectives from the Council's State Plan and seeks proposals that are new and innovative in providing services to individuals with Developmental Disabilities and their families. Employment is one of the Council's goal/objective areas. The total amount available each year is approximately \$1.9 million. The Council does not place a minimum or maximum amount on the individual proposals, nor do they require that a certain amount be spent on each area.		
18.	Form Completed By: Janet Eaton _____ Date: June 17, 2005 _____		